

1  
**HEALTH SERVICES AND DEVELOPMENT AGENCY MEETING  
NOVEMBER 18, 2015  
APPLICATION SUMMARY**

NAME OF PROJECT: TriStar Summit Medical Center Emergency  
Department at Mount Juliet

PROJECT NUMBER: CN1508-031

ADDRESS: Unaddressed site in the southwest quadrant of the  
intersection of I-40 and Beckwith Road (Exit 229), 100  
yards west of Beckwith Road  
Mt. Juliet (Wilson County), TN 37122

LEGAL OWNER: HCA Health Services of Tennessee, Inc.  
c/o TriStar Summit Medical Center Administration  
5655 Frist Boulevard  
Hermitage (Davidson County), TN 37211

OPERATING ENTITY: NA

CONTACT PERSON: John Wellborn  
(615) 665-2022

DATE FILED: August 14, 2015

PROJECT COST: \$11,106,634.00

FINANCING: Cash Reserves of the parent corporation, HCA

REASON FOR FILING: Establishment of a satellite emergency department  
with 8 treatment rooms

DESCRIPTION:

Summit Medical Center (SMC) is a 196-bed acute care for-profit hospital seeking approval for the establishment of a 8,864 SF satellite emergency department (ED) containing 8 examination and treatment rooms to be located at an unaddressed site in the southwest quadrant of intersection of I-40 and Beckwith Road (Exit 229), 100 yards west of Beckwith Road, Mt. Juliet (Wilson County), TN 37122. The proposed ED site is located at interstate 40 Exit 229 approximately 9.9 miles

**SUMMIT MEDICAL CENTER  
CN1508-031  
November 18, 2015  
PAGE 1**

east of TriStar Summit Medical Center's<sup>2</sup> main emergency department. The proposed satellite ED will be a full-service, 24-hour, physician-staffed satellite facility providing the same full-time emergency and diagnostic and treatment services as the main hospital. Physician staffing will be provided by the same physician group who currently staffs Summit Medical Center's main campus emergency department. The proposed satellite ED service will be operated as a department of Summit Medical Center.

*Note to Agency members: There are currently no standards and criteria in the State Health Plan specific to emergency departments.*

#### SERVICE SPECIFIC CRITERIA AND STANDARD REVIEW

*Note to Agency members: There are currently no standards and criteria in the State Health Plan specific to emergency departments.*

#### **CONSTRUCTION, RENOVATION, EXPANSION, AND REPLACEMENT OF HEALTH CARE INSTITUTIONS**

**For renovation or expansion of an existing licensed healthcare institution:**

- a. **The applicant should demonstrate that there is an acceptable existing demand for the proposed project.**

*The applicant indicates in the next 5 years population growth in SMC's service area will generate demand for an additional 9,383 ED visits, from 58,910 in 2015 (annualized) to 68,293 in 2020. Based on the American College of Emergency Physician standard of 1,500 visits per treatment room, the applicant calculates the need for 15 additional treatments rooms from 31 in 2015 to 46 in 2020.*

*Note to Agency members: According to the publication: "Emergency Department Design: A Practical Guide to Planning, 2002, American College of Emergency Physicians" the guideline of 1,500 visits/bed is one of 15 low range limits to determine bed quantities in relation to projected annual visits and department gross area. The ACEP assigns the low range of 1,500 visits per bed as a guideline for an emergency department with a department gross area ranging from 17,500 dgsf to 22,750 (department gross square feet) dgsf, treatment beds ranging from 20 to 26, 30,000 ED visits projected annually. The guideline varies for each increment of 10,000 ED visits.*

**SUMMIT MEDICAL CENTER**

**CN1508-031**

**November 18, 2015**

**PAGE 2**

*Note to Agency members: According to 2013 data from the Hospital Discharge Data Survey (HDDS) maintained by the Department of Health, SMC was the 2<sup>nd</sup> highest provider of ED visits originating from the proposed 3-ZIP Code service area with a 9,212 visits, a 27.8% market share. Additionally further review of the HDDS indicated University Medical Center (Wilson County) was the top provider of emergency care for the 3 ZIP code service area in 2013 by providing 17,631 of the 33,106 ED visits in 2013, or 53%. Data from the Hospital Discharge Data Survey (HDDS) appears to include ED patients treated and released, but does not include patients admitted as inpatients.*

*There are currently no criteria and standards specific to satellite emergency departments in the service area.*

*Based upon these general criteria for construction, renovation, and expansion, it appears that this criterion has been met.*

- b. The applicant should demonstrate that the existing physical plant's condition warrants major renovation or expansion.**

*Renovation and expansion of the existing emergency department at Summit Medical Center is not a more viable option than the proposed satellite ED. Expansion of 8 beds would necessitate the need to remodel the interior of the ED to integrate its workflow into enlarged space. While this option is not impossible, Summit has chosen to first expand its ED capacity at a satellite location to avoid on-campus disruption and expense, while reducing drive times for patients coming from Wilson County.*

*Note to Agency members: The expansion of the ED at the proposed satellite ED site in the 37122 zip code community of Mt. Juliet, TN is located approximately 9.9 miles from the main hospital campus.*

Emergency Department Design: A Practical Guide to Planning, 2002, American College of Emergency Physicians-High and Low Estimates for dept. areas and beds							
Projected Annual Visit	Dept. Gross Area		Bed Quantities				
	Low Range	High Range	Low Range Bed Qty.	Low Range Visits/Bed	High Range Bed Qty.	High Range Visits/Bed	Estimated Area /Bed
10,000	7,200 dgsf	9,900 dgsf	8	1,250	11	909	900 dsgf/bed
Applicant-Summit Medical Center Satellite ED							
Projected Visits Yr. 1	Total Square Footage		Beds		Visits Per Bed		Estimated Area /Bed
10,132	11,248		8		1,267		1,406 dsgf/bed

Source: Emergency Department Design: A Practical Guide to Planning, 2002, American College of Emergency Physicians, Page 71, Figure 6.5. and CN1508-031.

**Note to Agency Members:** The above chart outlines the American College of Emergency Medicine (ACEP) latest Guidelines for high and low estimates for emergency department areas and beds. The applicant's proposed 8 bed satellite ED as compared to the latest ACEP guidelines based on 10,000 annual ED visits reflect the following:

- The proposed Satellite Emergency Department square footage of 11,248 is above the high range of 9,900 department gross square footage (dgsf) area for an emergency ED.
- The applicant's projected annual visits of 1,267 per bed in Year 1 based on 10,132 ED visits is slightly above the ACEP's low range of 1,250 visits per bed.
- The applicant's estimated area/bed of 1,406 dsgf is above the 900 dsgf/bed by ACEP guidelines.

In January 2015 a revised publication of the Emergency Department Design: A Practical Guide to Planning is planned to be released. The publication will have a section dedicated to freestanding emergency departments.

There are currently no criteria and standards specific to satellite emergency departments in the service area.

Based upon these general criteria for construction, renovation, and expansion, it appears that this criterion has been met.

## Staff Summary

*Note to Agency members: This staff summary is a synopsis of the original application and supplemental responses submitted by the applicant. Any HSDA Staff comments will be presented as a "Note to Agency members" in bold italics.*

### Summary

The proposed project, as a satellite Emergency Department of Summit (SMC) will provide full service emergency care 24 hours-a-day, 7 days a week, to adult and pediatric patients who seek emergency services in the following three primary service area zip codes in Wilson County:

- 37122 (Area located in Mt. Juliet, TN-Western Wilson County, Northeastern Rutherford County, and Eastern Davidson County),
- 37087 (Wilson County-Area in Central and North of Lebanon, TN), and
- 37090 (Wilson, County-Area South and East of Lebanon, TN)

The proposed satellite ED will be located in Western Wilson County in close proximity to Interstate 40 Exit 229, 9.9 miles east (12 minute drive) of TriStar Summit Medical Center's main emergency department. SMC's main campus is located 1.2 miles north of Exit 221, Interstate 40 at 5655 Frist Boulevard, Hermitage (eastern Davidson County), and TN 37076.

Please refer to the zip code service area map on page 21 of the original application for more detailed information.

The proposed satellite ED will be located in Western Wilson County on an unaddressed a 2.0-acre site, on the south side of Interstate 40 Exit 229 approximately 100 yards west of Beckwith Road. The satellite ED will be in a newly constructed 8,864 square foot building with separate canopied walk-in and ambulance entries. The facility will be equipped with CT, X-ray, ultrasound, and laboratory services.

An overview of the project is provided on pages 5-6 of the original application.

### Project Need

The rationale for this project provided by the applicant includes the following:

- The applicant needs more ED treatment room capacity. The current ED is experiencing 1,900 visits per treatment room and will exceed 2,000 annual visits per room by CY 2017.
- The proposed satellite ED will shorten drive times and improve accessibility for service area residents living in Zip Code 37122 (proposed

SUMMIT MEDICAL CENTER

CN1508-031

November 18, 2015

PAGE 5

site zip code) that already come to Summit's Hermitage main campus for ED services.

- Expanding ED treatment rooms at Summit's main campus is possible, but would be very disruptive, and would not improve accessibility to care for Summit's Wilson County resident residing close to Interstate 40 Exit #229 in Western Wilson County.

### Ownership

- Summit Medical Center is 100 percent owned by HCA Health Services of Tennessee, whose parent organization is (through several corporate entities) HCA Holdings, Inc. of Nashville, Tennessee.
- HCA is composed of locally owned facilities that include approximately 190 hospitals and 82 outpatient surgery centers in 23 states, England and Switzerland.
- Summit Medical Center is part of the locally managed HCA TriStar Group which operates hospitals in South Central Kentucky, Northern Georgia, and fourteen (14) hospitals in Tennessee.
- An organizational chart and list of facilities in Tennessee is enclosed in Attachment A.4.
- According to the CY2013 Joint Annual Report, Summit Medical Center is licensed and staffed for 188 beds during the reporting period. The licensed and staffed hospital bed occupancy at Summit Medical Center was 62.8% in CY2013. The applicant reported licensed bed occupancy of 61.5% in CY2014 and projected 65.8% for CY2015.

The following provides the Department of Health's definition of the two bed categories pertaining to occupancy information provided in the Joint Annual Reports:

*Licensed Beds - The maximum number of beds authorized by the appropriate state licensing (certifying) agency or regulated by a federal agency. This figure is broken down into adult and pediatric beds and licensed bassinets (neonatal intensive or intermediate care bassinets).*

*Staffed Beds - The total number of adult and pediatric beds set up, staffed and in use at the end of the reporting period. This number should be less than or equal to the number of licensed beds.*

*Note to Agency Members: The applicant identified 7 urgent care centers located within the applicant's proposed two zip code service area. The applicant provides a table listing the 7 urgent care centers on page 41 of the original application, and a map of the urgent care clinics in relation to the proposed satellite ED on page 41a. A table comparing urgent care and emergency*

**SUMMIT MEDICAL CENTER**

**CN1508-031**

**November 18, 2015**

**PAGE 6**

*department services is provided on page 42 in the original application. A Certificate of Need is not required for an urgent care center.*

#### **Facility Information**

- The total square footage of the proposed one-story project is 8,864 square feet. A floor plan drawing is included in Attachment B.IV.
- The proposed ED will contain a nurse's station and radiology area; 8 treatment and exam rooms, including one psychiatric secure exam/holding room, resuscitation, bariatric, and one isolation exam room.
- The proposed satellite ED will occupy a 2.0-acre tract of land. A plot plan is included in Attachment B. III.
- Besides the clinical treatment areas, the facility will include support spaces, a staff/Emergency Medical Services (EMS) Tech lounge, offices, and a canopy for ambulance transport.
- The proposed satellite ED will be open 24 hours/day, 7 days/week, and 365 days/year.
- According to the 2013 Joint Annual Report, SMC provides both diagnostic catheterization and therapeutic cardiac catheterization (PCI) services but does not have open heart surgery capabilities.
- According to the Department of Health, Health Care Facilities web-site Summit Medical Center is a 196 licensed bed acute care hospital.
- Summit Medical Center has increased licensed beds from 188 in 2013 to the current number of 196.
- The Joint Annual Report for 2013 indicates SMC is licensed and staffed at 188 beds. Licensed bed occupancy and staffed bed occupancy was 62.8%.

The following provides the Department of Health's definition of the two bed categories pertaining to occupancy information provided in the Joint Annual Reports:

*Licensed Beds- The maximum number of beds authorized by the appropriate state licensing (certifying) agency or regulated by a federal agency. This figure is broken down into adult and pediatric beds and licensed bassinets (neonatal intensive or intermediate care bassinets).*

*Staffed Beds-The total number of adult and pediatric beds set up, staffed and in use at the end of the reporting period. This number should be less than or equal to the number of licensed beds.*

**SUMMIT MEDICAL CENTER**

**CN1508-031**

**November 18, 2015**

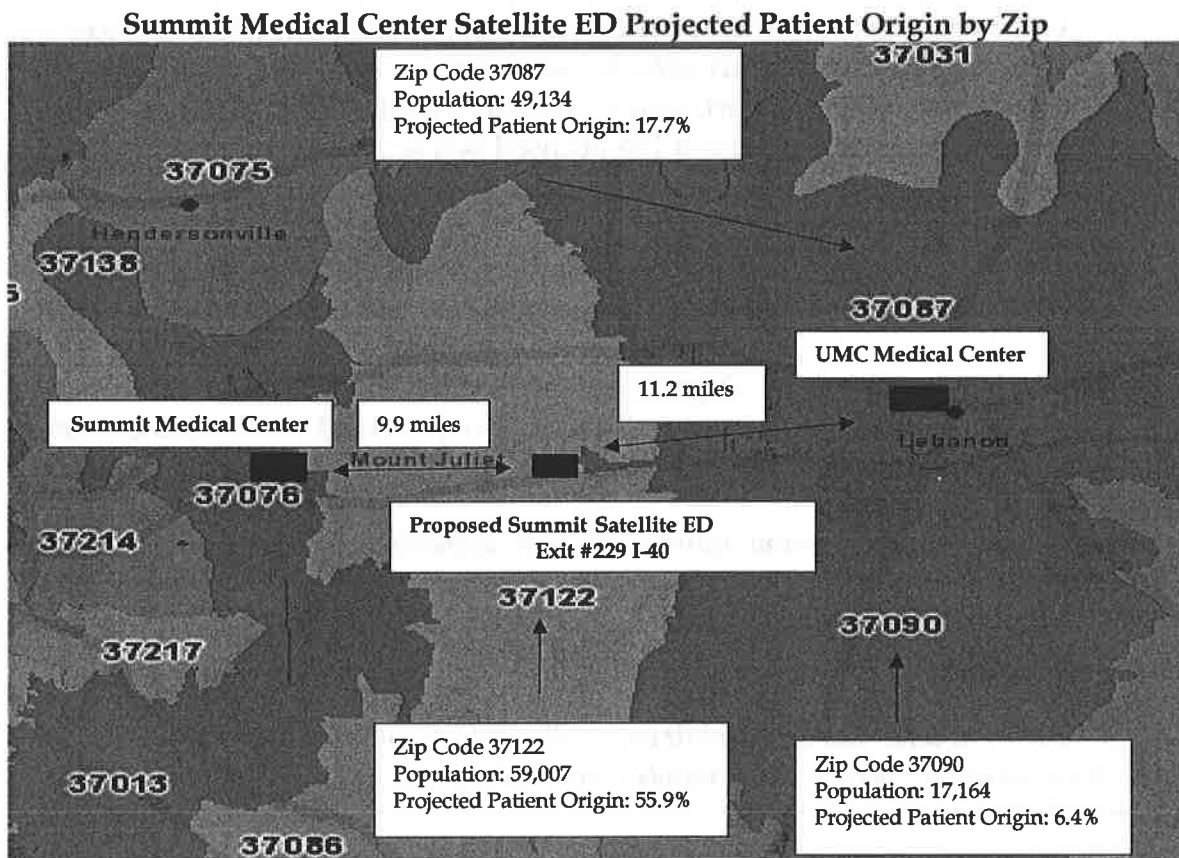
**PAGE 7**

### Service Area Demographics

Summit's declared service area is Wilson County.

- The total population of the primary service area is estimated at 124,073 residents in calendar year (CY) 2015 increasing by approximately 7.5% to 133,357 residents in CY 2019.
- The total 65+ age population is estimated at 17,944 residents in CY 2015 increasing approximately 21.2% to 21,745 residents in 2019.
- The 65+ age population in the state of Tennessee overall is expected to increase 12.0% during the same timeframe.
- The overall statewide population is projected to grow by 3.7% from 2015 to 2019.
- As of July 2015, approximately 14.6% of residents in the service area were enrolled in the TennCare program compared to statewide enrollment of 21.0%.

Source: 2000-2020 Population Projections, Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics.



Source: <http://www.unitedstateszipcodes.org/maps>

The above map of the Summit Medical Center Satellite ED projected Year One patient origin by zip code reflects the following:

**SUMMIT MEDICAL CENTER**  
**CN1508-031**  
**November 18, 2015**  
**PAGE 8**

- The applicant is proposing to establish a satellite emergency department physically located in Zip Code 37122.
- Zip code 37122 (Mt. Juliet, TN) has the highest projected patient origin of 5,663 patients, or 55.9%.
- Zip Code 37087 (Lebanon, TN) has the second highest projected patient origin of 1,798 patients, or 17.7%.
- Zip Code 37090 (Southern Lebanon, TN) has the third highest projected patient origin 645, or 6.4%

**Summit Medical Center Demographic Characteristics of the proposed  
ED 3 Zip Code Service Area**

	<b>37122</b> <b>(location of</b> <b>proposed ED)</b>	<b>37087</b>	<b>37090</b>	<b>Wilson Co.</b>	<b>Tennessee</b>
<b>Applicant's Projected Patient Origin (Year 1)</b>	<b>55.9%</b>	<b>17.7%</b>	<b>6.4%</b>	<b>N/A</b>	<b>N/A</b>
<b>Applicant's Current Patient Origin (Main ED)</b>	<b>15.8%</b>	<b>4.3%</b>	<b>1.5%</b>	<b>N/A</b>	<b>N/A</b>
<b>Population</b>	<b>59,007</b>	<b>49,134</b>	<b>17,164</b>	<b>124,073</b>	<b>6,346,105</b>
<b>Population Growth since 2000</b>	<b>43%</b>	<b>30.1%</b>	<b>8.6%</b>	<b>28.4%</b>	<b>11.54%</b>
<b>Population Density/Sq. mile</b>	<b>392</b>	<b>237.6</b>	<b>79.3</b>	<b>195.5</b>	<b>151</b>
<b>Median Household Income</b>	<b>\$74,253</b>	<b>\$48,941</b>	<b>\$60,894</b>	<b>\$61,353</b>	<b>\$44,120</b>
<b>TennCare *(Emergency Dept. 2013 Payor Mix)</b>	<b>20.9%</b>	<b>36.4%</b>	<b>25.6%</b>	<b>29.8%</b>	<b>N/A</b>
<b>Medicare *(Emergency Dept. 2013 Payor Mix)</b>	<b>15.9%</b>	<b>15.9%</b>	<b>16.4%</b>	<b>16.1%</b>	<b>N/A</b>
<b>Private Insurance *(Emergency Dept. 2013 Payor Mix)</b>	<b>47.6%</b>	<b>27.3%</b>	<b>40.5%</b>	<b>35.8%</b>	<b>N/A</b>
<b>Median Home Price</b>	<b>\$213,600</b>	<b>\$175,400</b>	<b>\$171,000</b>	<b>\$191,300</b>	<b>\$138,700</b>
<b>Population in Poverty</b>	<b>6.2%</b>	<b>13.3%</b>	<b>9.28%</b>	<b>9.3%</b>	<b>17.3%</b>
<b>White</b>	<b>90.1%</b>	<b>85%</b>	<b>93.5%</b>	<b>88.9%</b>	<b>77.6%</b>
<b>Black</b>	<b>5.3%</b>	<b>9.4%</b>	<b>2.9%</b>	<b>6.4%</b>	<b>16.7%</b>
<b>Hispanic</b>	<b>2.4%</b>	<b>4.8%</b>	<b>2.6%</b>	<b>3.2%</b>	<b>4.6%</b>
<b>Asian</b>	<b>1.6%</b>	<b>0.92%</b>	<b>0.53%</b>	<b>1.1%</b>	<b>1.4%</b>

Source: usa.com

The table below identifies ED visits in 2013 at Tennessee hospitals by residents of the 3-zip code primary service area (PSA) based on data from the TDH hospital discharge data system.

**Hospital ED Utilization by Residents of Applicant's Proposed 3-Zip Code PSA, 2013  
Ranked by Service Area Dependence**

Hospital ED	County	37122	37087	37090	*Total Resident ED Visits 2013	Hospital Market Share in Service Area
University Medical Center	Wilson	1,132	14,429	2,070	17,631	53.3%
TriStar Summit Medical Center	Davidson	6,718	1,832	662	9,212	27.8%
Vanderbilt University Hospital	Davidson	1,211	730	253	2,194	6.6%
TriStar StoneCrest Medical Center	Davidson	299	102	79	480	1.4%
Sumner Regional Medical Center	Sumner	65	385	0	450	1.3%
Saint Thomas Rutherford Hospital	Rutherford	124	132	156	412	1.2%
Other Hospitals (less than 1.2% market share)	N/A	1,260	1,141	326	2,727	8.3%
<b>Total</b>		<b>10,809</b>	<b>18,751</b>	<b>3,546</b>	<b>33,106</b>	

*Source: HDDS limited to CPT Codes 99281-99285. It appears that the HDDS data include ED patients treated and released but does not include ED patients who were eventually admitted as inpatients.  
CN1508-031*

The table above reflects the following:

- There were 33,106 total ED visits by residents of the 3 zip code PSA at Tennessee hospitals in 2013.
- Hospital EDs used the most by residents of the 3 zip code PSA in 2013 included: University Medical Center (53.3% of 33,106 total PSA resident visits) and TriStar Summit Medical Center (27.8% of 33,106 total PSA resident visits).
- If approved, the applicant estimates that residents of the 3 zip code PSA could have approximately 8,106 ED visits at the proposed satellite ED in Year 1. This calculates to approximately 24.5% of the total 33,106 ED visits in the 3 zip code service area in 2013.

**SUMMIT MEDICAL CENTER**

**CN1508-031**

**November 18, 2015**

**PAGE 10**

- In Zip Code 37122 TriStar Summit Medical Center provided 6,718 ED visits representing 62.2% of the total ED visits originating from this ZIP Code in 2013, while Vanderbilt University Hospitals provided 1,211 ED visits representing 11.2% of the total ED visits originating from this ZIP Code, and University Medical Center provided 1,132 ED visits or 10.5%.
- In Zip Code 37087 University Medical Center provided 14,429 ED visits representing 77.0% of the total ED visits originating from this ZIP Code in 2013, while TriStar Summit Medical Center provided 1,832 ED visits representing 9.8% of the total ED visits originating from this ZIP Code.
- In Zip Code 37090 University Medical Center provided 2,070 ED visits representing 58.4% of the total ED visits originating from this ZIP Code in 2013, while TriStar Summit Medical Center provided 662 ED visits representing 18.7% of the total ED visits originating from this ZIP Code.

The table below identifies TriStar Summit Medical Center ED visits in 2013 by Zip Code, ranked highest to lowest based on data from the TDH hospital discharge data system. The applicant's projected utilization in Year 1 (2017) is illustrated at the bottom row of the table.

**TriStar Summit Medical Center, Patient Origin by Zip Code, Ranked Highest to Lowest, 2013**

Rank	Resident Zip Code	City	ED Visits	% of total
#1	37076	Hermitage	9,896	23.3%
#2	<b>37122</b>	<b>Mt. Juliet</b>	<b>6,718</b>	<b>15.8%</b>
#3	37214	M. Juliet	5,076	11.9%
#4	37138	Old Hickory	4,589	10.8%
#5	37217	Nashville	2,176	5.1%
# 6	37013	Antioch	2,163	5.1%
#7	<b>37087</b>	<b>Lebanon</b>	<b>1,832</b>	<b>4.3%</b>
#8	37115	Madison	1,363	3.2%
#9	37211	Nashville	723	1.7%
#10	<b>37090</b>	<b>Lebanon</b>	<b>662</b>	<b>1.6%</b>
	Other Zip Codes		7,346	17.3%
	Total		42,544	
Satellite ED Projected Visits year One			10,132	

*Source: HDDS limited to CPT Codes 99281-99285. It appears that the HDDS data include ED patients treated and released but does not include ED patients who were eventually admitted as inpatients.*  
CN1508-031

- The proposed zip code service area of 37122, 37087, and 37090 were ranked #2, #7, and #10, respectively for 2013 SMC ED patient origin.

**SUMMIT MEDICAL CENTER**

**CN1508-031**

**November 18, 2015**

**PAGE 11**

The applicant provided patient origin by zip code of residence for the SMC's main ED in 2013 and the proposed satellite ED in Year 1 as summarized in the following table.

SMC Main ED and Proposed Satellite ED Utilization by Residents of 3 Zip Code PSA			SMC Main ED Dept. Patient Origin, 2013			SMC Satellite ED Patient Origin, YR 1		
Zip Code	2013	% of total				Zip Code	YR 1 2017	% of total
*37122	6,718	15.8%				37122	5,663	55.9%
37087	1,832	4.3%				37087	1,798	17.7%
37090	662	1.5%				37090	645	6.4%
Sub-Total	9,212	21.7%				Subtotal PSA	8,106	80%
Other	33,332	78.3%				Other	2,026	20%
Total	42,544	100%				Total	10,132	100%

*\*Note: Zip code 37122 (Mt. Juliet) is the site of SMC's proposed satellite ED.*

*Source: HDDS limited to CPT Codes 99281-99285. It appears that that the HDDS data include ED patients treated and released but does not include ED patients who were eventually admitted as inpatients.*  
CN1508-031

- Approximately 21.7% of the patients treated at the main ED in 2013 resided in the 3 zip codes that comprise the primary service area of the proposed SMC satellite ED.
- The applicant expects residents of 37122 (Mt. Juliet), will account for approximately 55.9% of the satellite ED's 10,132 total ED visits in the first year of the project.
- In 2013, SMC's % of ED patients for the zip codes 37122, 37087, and 37090 in relation to total ED visits ranged from 1.5% to 15.8%.
- The applicant projects that the three zip code primary service area will account for 80% of the patients for the proposed satellite ED.

Historical and Projected Utilization**SMC Historical and Projected ED Utilization**

	Actual				Projected			
	2012	2013	2014	2015 (annualized)	2016	Yr. 1 2017	Yr. 2 2018	2021
Main ED Visits	52,870	52,530	55,154	58,910	60,677	58,445	60,117	65,650
Main Campus ED Rooms	31	31	31	31	31	31	31	31
*Main Campus ED Visits/ Room	1,705	1,695	1,779	1,900	1,957	1,885	1,939	2,118
Satellite ED Visits						10,132	10,639	12,316
Satellite ED Rooms						8	8	8
*Satellite ED Visits Per Room						1,267	1,330	1,540
<b>Total Visits</b>	<b>52,870</b>	<b>52,530</b>	<b>55,154</b>	<b>58,910</b>	<b>60,677</b>	<b>68,577</b>	<b>70,756</b>	<b>77,966</b>
<b>Total Rooms</b>	<b>31</b>	<b>31</b>	<b>31</b>	<b>31</b>	<b>31</b>	<b>39</b>	<b>39</b>	<b>39</b>
<b>Total Visits Per Room</b>	<b>1,705</b>	<b>1,695</b>	<b>1,779</b>	<b>1,900</b>	<b>1,957</b>	<b>1,758</b>	<b>1,814</b>	<b>1,999</b>

Source: CN1507-031

The utilization table above reflects the following:

- There was a 4.3% increase in ED patient visits at SMC from 52,870 in 2012 to 55,154 in 2014.
- The applicant projects an increase of 5.0% in Satellite ED patient visits from 10,132 in Year 1 (2017) to 10,639 in Year 2 (2018).
- Combined the applicant projects an increase of 3.2% in ED visits from 68,577 in 2017 to 70,756 in 2018.

**SUMMIT MEDICAL CENTER****CN1508-031****November 18, 2015****PAGE 13**

- In Year One of the proposed project, SMC's main ED will experience 58,445 emergency ED visits, averaging 1,885 per ED room; the proposed satellite ED will experience 10,132 emergency ED visits, averaging 1,267 ED visits per room; and combined total ED visits will total 68,577 averaging 1,758 visits per room.
- In Year 2021 the applicant projects 2,118 emergency visits per room at the main campus, and 1,540 emergency visits per room at the proposed satellite ED.

The table below reflects the following:

- Approximately 94.2% of the proposed satellite ED and main ED visits in 2017 (Year One) are expected to be recorded as Levels 1, 2, and 3 which are patients with lower acuity levels and less severe conditions than the more severe and complex patient conditions of Level 4 and 5.
- Level 1 represents non-urgent (needs treatment when time permits); Level 2 semi-urgent (non-life threatening); Level 3 Urgent (non-life threatening); Level 4 Emergency, (could become life threatening); and Level V (immediate, life threatening).

**SMC Historical and Projected ER Utilization by Levels of Care**

				Satellite Yr. 1	Satellite Yr. 2
	2014	2015	2016	2017	2018
<b>Main ED</b>					
Level I (lowest acuity)	10,999	12,208	12,574	<b>12,113</b>	12,458
Level II	18,433	19,565	20,152	<b>19,410</b>	19,966
Level III	22,641	24,039	24,760	<b>23,849</b>	24,531
Level IV	2,396	2,258	2,326	<b>2,240</b>	2,305
Level V (highest acuity)	685	840	865	<b>833</b>	857
<b>Sub Total</b>	<b>55,154</b>	<b>58,910</b>	<b>60,677</b>	<b>58,445</b>	<b>60,117</b>
<b>Satellite ED</b>					
Level I				496	521
Level II				2,877	3,022
Level III				5,857	6,150
Level IV				831	872
Level V				71	74
Subtotal				10,132	10,639
<b>Total Combined ED's</b>	<b>55,154</b>	<b>58,910</b>	<b>60,677</b>	<b>68,577</b>	<b>70,756</b>

Source: CN1507-031

**Project Cost**

Major costs are:

- Construction Cost (including contingency), \$4,895,700, or 44.1% of the total cost.
- Fixed Equipment-\$1,700,000, or 15.3% of total cost
- Site Preparation- \$1,500,000.00 or 13.5% of total cost.
- For other details on Project Cost, see the Project Cost Chart on page 52R of the application.

The total construction cost for the proposed hospital ED is \$374.32 per square foot. As reflected in the table below, the new construction cost is above the 3<sup>rd</sup> quartile costs of \$296.52 per square foot of statewide hospital construction projects from 2012 to 2014.

**Statewide  
Hospital Construction Cost Per Square Foot  
Years 2012-2014**

	Renovated Construction	New Construction	Total construction
<b>1st Quartile</b>	\$110.98/sq. ft.	\$224.09/sq. ft.	\$156.78/sq. ft.
<b>Median</b>	\$192.46/sq. ft.	\$259.66/sq. ft.	\$227.88/sq. ft.
<b>3rd Quartile</b>	\$297.82/sq. ft.	\$296.52/sq. ft.	\$298.66/sq. ft.

*Source: HSDA Applicant's Toolbox*

Please refer to the square footage and cost per square footage chart in Attachment B.II.A. of the application for more details.

**Historical Data Chart****Summit Medical Center Emergency Department**

- According to the Historical Data Chart the SMC Emergency Department experienced profitable net operating income results for the three most recent years reported: \$1,748,495 for 2012; \$1,827,926 for 2013; and \$1,930,264 for 2014.
- Average Annual Net Operating Income less capital expenditures (NOI) was favorable at approximately 5.4% of annual net operating revenue for the year 2014.

**Summit Medical Center**

- According to the Historical Data Chart, Summit Medical Center experienced profitable net operating income results for the three most recent years reported: \$18,407,253 for 2012; \$19,762,548 for 2013; and \$21,013,708 for 2014.

**SUMMIT MEDICAL CENTER**

**CN1508-031**

**November 18, 2015**

**PAGE 15**

- Average Annual Net Operating Income less capital expenditures (NOI) was favorable at approximately 11.3% of annual net operating revenue for the year 2014.

### **Projected Data Chart**

#### **Proposed Satellite ER**

The applicant projects \$46,963,051.00 in total gross revenue on 10,132 ED visits during the first year of operation and \$49,681,409 on 10,639 ED visits in Year Two (approximately \$4,670 per visit). The Projected Data Chart reflects the following:

- Net operating income less capital expenditures for the applicant will equal \$35,249 in Year One increasing to \$114,801 in Year Two.
- Net operating revenue after bad debt, charity care, and contractual adjustments is expected to reach \$7,217,579 or approximately 14.5% of total gross revenue in Year Two.
- Charity Care calculates to 85.32 ED visits in Year One and 89.4 ED visits in Year Two.

#### **Summit Medical Center Main Emergency Department**

- Net operating income less capital expenditures for the applicant will equal \$2,332,964 in Year One increasing to \$2,516,857 in Year Two.
- For additional information, please refer to page 62 of the original application.

#### **Summit Medical Center Consolidated Emergency Department**

- The applicant projects \$318,646,003.00 in total gross revenue on 68,577 patient admissions during the first year of operation (2017) and \$330,412,180 on 70,756 patient days in Year Two (2018) (approximately \$4,670 per admission).
- Net operating income less capital expenditures for SMC will equal \$2,368,213 in Year 2017 increasing to \$3,105,792 in Year 2018.

### **Charges**

In Year One of the proposed project, the average emergency room charges are as follows:

- The proposed average gross charge is \$4,635/ ED visit in 2017.
- The average deduction is \$3,969/ED visit, producing an average net charge of \$666/ED visit.

### **Medicare/TennCare Payor Mix**

- TennCare- Charges will equal \$3,512,875 in Year One representing 7.5% of total gross revenue.

**SUMMIT MEDICAL CENTER**

**CN1508-031**

**November 18, 2015**

**PAGE 16**

- Medicare- Charges will equal \$17,502,139 in Year One representing 37.5% of total gross revenue.

### **Financing**

- The source of funding for the \$11,106,634.00 project is identified as cash reserves.
- An August 14, 2015 letter signed by the Chief Financial Officer for TriStar Division of HCA attests to the applicant's ability to finance the project.
- Review of the hospital's financial statements of 12/31/14 revealed current assets of \$32,037,539 and current liabilities of \$11,565,090 for a current favorable ratio of 2.77 to 1.0.
- The parent company, HCA Holdings, provided financial statements for 12/31/14 which reported current assets of \$484,000,000 and current liabilities of \$46,000,000 for a favorable current ratio of 10.52 to 1.

*Note to Agency members: Current ratio is a measure of liquidity and is the ratio of current assets to current liabilities which measures the ability of an entity to cover its current liabilities with its existing current assets. A ratio of 1:1 would be required to have the minimum amount of assets needed to cover current liabilities.*

### **Staffing**

The applicant's proposed direct patient care staffing in Year One includes the following:

<b>Position Type</b>	<b>FTEs</b>
RN Coordinator	1.0
Registered Nurse	9.2
Nurse Tech/Secretary	6.9
X-Ray/CT Tech	4.6
Lab Tech	4.6
<b>Total</b>	<b>26.3</b>

*Source: CN1508-031, Table Nineteen, Page 75*

### **Licensure/Accreditation**

SMC is actively licensed by TDH and is Joint Commission accredited. A copy of the results of latest Joint Commission survey conducted on August 7, 2015 is located in Supplemental #2.

*The applicant has submitted the required corporate documentation and real estate title. Staff will have a copy of these documents available for member reference at the meeting.*

**SUMMIT MEDICAL CENTER**

**CN1508-031**

**November 18, 2015**

**PAGE 17**

*Copies are also available for review at the Health Services and Development Agency office.*

Should the Agency vote to approve this project, the CON would expire in three years.

**CERTIFICATE OF NEED INFORMATION FOR THE APPLICANT:**

There are no other Letters of Intent or pending applications for this applicant.

**Denied Applications:**

**Summit Medical Center, CN1206-029D**, was denied at the September 26, 2012 Agency meeting. The application was for the establishment of a 20 bed acute inpatient rehab unit and service in its hospital facility by converting 20 adult psychiatric beds and reclassifying the adult psychiatric unit to an inpatient rehabilitation unit. The estimated cost was projected to be **\$2,500,000.00** *Reason for Denial: The need and orderly development aspects of the application failed to meet the statutory criteria.*

**Outstanding Certificates of Need**

**Summit Medical Center, CN1505-020**, has an outstanding Certificate of Need that will expire on October 1, 2018. The project was approved at the August 26, 2015 Agency meeting for the addition of 8 inpatient rehabilitation beds and 2 medical/surgical beds. It will delicense 6 obstetric beds by converting 6 Labor/Delivery/Recovery/Postpartum (LDRP) beds to LDR so the net increase will result in only four additional licensed beds, resulting in an increase in bed capacity from 196 to 200. The project involves renovations of existing patient floors to include the addition of the beds. The estimated project cost is **\$4,892,904**. *Project Status Update: The project was recently approved.*

***HCA has financial interests in this project and the following:***

**Pending Applications**

**TriStar Horizon Medical Center, CN1510-047**, has a pending application scheduled to be heard at the January 27, 2015 Agency meeting to initiate neonatal intensive care nursery services in a 6-bed Level II neonatal nursey, by renovation of existing space on its main campus at 111 Highway 70 East in Dickson (Dickson County), TN, 37055. The estimated project cost is **\$975,000**.

Denied Applications:

**TriStar Southern Hills Medical Center Emergency Room, CN1412-050D**, was denied at the March 25, 2015 Agency meeting. The application was for the establishment of a satellite emergency department facility in a leased building to be constructed. The facility will contain 8 treatment rooms for emergency services at an unaddressed site at the intersection of Old Hickory Boulevard and American Way, Brentwood (Davidson County), TN 37250. The estimated project cost is **\$11,500,000.00**. *Reason for Denial: The application was denied based on inadequate proof of orderly development.*

Outstanding Certificates of Need

**TriStar Skyline Medical Center, CN1505-014**, has an outstanding Certificate of Need that will expire on October 1, 2018. The project was approved at the August 26, 2015 Agency meeting for a net increase of 10 medical-surgical beds on the main hospital campus at 3441 Dickerson Pike, Nashville (Davidson County), TN by the renovation of existing spaces and closure of 10 beds at the hospital's satellite campus at 500 Hospital Drive in Madison (Davidson County), TN. The hospital's consolidated 385-bed license will not change as a result of this project. The total estimated project cost is **\$843,000**. *Project Status Update: The project was recently approved.*

**Parkridge Medical Center, CN1503-007A**, has an outstanding Certificate of Need that will expire on July 1, 2018. The project was approved at the June 24, 2015 Agency meeting for the renovation and expansion of several patient care and support department areas of the facility and the acquisition of an additional cardiac catheterization laboratory and bone densitometry unit on its main campus. The project will not change the 275 licensed bed complement of the hospital. The estimated project cost is **\$61,459,477**. *Project Status Update: The project was recently approved.*

**Southern Hills Surgery Center, CN1411-047A**, has an outstanding Certificate of Need that will expire July 1, 2017. The project was heard at the May 27, 2015 Agency meeting for the relocation of Southern Hills Surgery Center from 360 Wallace Road, Nashville (Davidson County), TN 37211, to leased space in a building to be constructed at an unaddressed site in the northeast corner of the intersection of Old Hickory Boulevard and American Way, Brentwood (Davidson County), TN 37250. The estimated project cost is **\$17,357,832.00**. *Project Status Update: The project was recently approved and has been appealed by Saint Thomas Campus Surgicare, L.P., Baptist Surgery Center, L.P., Baptist Plaza Surgicare, L.P., Franklin Endoscopy Center, LLC, and Physicians Pavilion, L.P.*

**SUMMIT MEDICAL CENTER**

**CN1508-031**

**November 18, 2015**

**PAGE 19**

**Centennial Medical Center, CN1407-032A**, has an outstanding Certificate of Need that will expire on December 1, 2017. The project was approved at the October 22, 2014 Agency meeting for the renovation of the main emergency department, the development of a Joint Replacement Center of Excellence with 10 additional operating rooms; and the increase of the hospital's licensed bed complement from 657 to 686 beds. The estimated project cost was **\$96,192,007.00**. *Project Status Update: According to a June 2, 2015 update, the project is under appeal by St. Thomas Health. The appeal is pending before an Administrative Law Judge with the Secretary of State.*

**Hendersonville Medical Center, CN1302-002A**, has an outstanding Certificate of Need that will expire on August 1, 2016. The project was approved at the June 26, 2013 Agency meeting to construct a new fourth floor of medical surgical beds and initiate Level IIB Neonatal Intensive Care services in a new six (6) bed licensed Level IIB Neonatal Intensive Care Unit (NICU) on its campus at 355 New Shackle Island Road, Hendersonville (Sumner County) Tennessee, 37075. The proposed project will not change the total licensed bed complement. The hospital currently holds a single consolidated license for 148 general hospital beds, of which 110 are located at its main Hendersonville campus and 38 are located at its satellite campus at 105 Redbud Drive, Portland (Sumner County), TN 37148. The applicant will relocate 13 beds from the satellite campus to the main campus, resulting in 123 licensed beds at the Hendersonville campus and 25 licensed beds at the Portland satellite campus. The estimated cost of the project is **\$32,255,000.00**. *Project Status Update: Per an Annual Progress Report dated May 4, 2015, the full project is underway. NICU construction is expected to be completed by December 2015.*

**Natchez Surgery Center, CN1002-011AME**, has an outstanding Certificate of Need that will expire on July 1, 2017. The project was approved at the May 26, 2010 Agency meeting for the establishment of an ambulatory surgical treatment center (ASTC) with three (3) operating rooms and three (3) procedure rooms. After approval, CN801-001A was surrendered which was a similar facility for this site at 107 Natchez Park Drive, Dickson (Dickson County), TN. The estimated cost of the project was **\$13,073,892.00**. *Project Status: The ASTC will be constructed on the 2<sup>nd</sup> floor of a new building under construction that will also house the ED on the 1<sup>st</sup> floor of the building as approved in Horizon Medical Center Emergency Department, CN1202-008AE. Construction on the ASTC will begin once the ED is completed by August 1, 2015. The applicant requested a modification at the March 2012 Agency meeting to extend the expiration date for three (3) years from July 1, 2012 to July 1, 2015; reduce the number of operating rooms from three (3) to two (2) and procedure rooms from three (3) to one (1); reduce project costs by \$4,201,823 from \$13,073,892 to \$8,872,069; and reduce square footage by 4,965 from 15,424 to 10,459 square feet. Both CN1202-008 and the modification to CN1002-011A were approved at the May 2012*

#### **SUMMIT MEDICAL CENTER**

**CN1508-031**

**November 18, 2015**

**PAGE 20**

*meeting. The applicant's request for a 2 year extension of the expiration date to July 1, 2017 was approved at the June 24, 2015 Agency meeting.*

**CERTIFICATE OF NEED INFORMATION FOR OTHER SERVICE AREA FACILITIES:**

There are no other Letters of Intent, denied or pending applications, or outstanding Certificates of Need for other health care organizations in the service area proposing this type of service.

**PLEASE REFER TO THE REPORT BY THE DEPARTMENT OF HEALTH, DIVISION OF HEALTH STATISTICS, FOR A DETAILED ANALYSIS OF THE STATUTORY CRITERIA OF NEED, ECONOMIC FEASIBILITY, AND CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE IN THE AREA FOR THIS PROJECT. THAT REPORT IS ATTACHED TO THIS SUMMARY IMMEDIATELY FOLLOWING THE COLOR DIVIDER PAGE.**

**PME 11/03/2015**

# **LETTER OF INTENT**

**LETTER OF INTENT -- HEALTH SERVICES & DEVELOPMENT AGENCY**

The Publication of Intent is to be published in the Tennessean, which is a newspaper of general circulation in Wilson County, Tennessee, on or before August 10, 2015, for one day.

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This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. Sections 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that TriStar Summit Medical Center Emergency Department at Mt. Juliet (a proposed satellite emergency department of TriStar Summit Medical Center, a hospital), to be owned and managed by HCA Health Services of Tennessee, Inc. (a corporation), intends to file an application for a Certificate of Need to establish a satellite emergency department facility at an unaddressed site in Wilson County, in the southwest quadrant of the intersection of I-40 and Beckwith Road (near Exit 229). The site is approximately 100 yards west of Beckwith Road on an access drive at Smyrna Ready Mix, whose address is 4910 Beckwith Road. The project cost is estimated at \$11,107,000.

The proposed satellite facility will contain eight treatment rooms. It will provide emergency diagnostic and treatment services, for which all necessary diagnostic services will be available, including laboratory, X-ray, ultrasound, and CT scanning. It will not contain major medical equipment, or initiate or discontinue any other health service, or affect any facility's licensed bed complements. The facility will be operated under TriStar Summit Medical Center's 196-bed acute care hospital license, granted by the Board for Licensing Health Care Facilities.

The anticipated date of filing the application is on or before August 14, 2015. The contact person for the project is John Wellborn, who may be reached at Development Support Group, 4219 Hillsboro Road, Suite 210, Nashville, TN 37215; (615) 665-2022.

John Wellborn 8-10-15      jwdsg@comcast.net  
(Signature)                      (Date)                      (E-mail Address)

**COPY**

**TriStar Summit**  
**Medical Center**  
**Satellite ED (Mt.**  
**Juliet)**

**CN1508-031**

**TRISTAR  
SUMMIT MEDICAL CENTER  
SATELLITE EMERGENCY  
DEPARTMENT**

**CERTIFICATE OF NEED APPLICATION  
TO ESTABLISH A SATELLITE  
EMERGENCY DEPARTMENT  
IN  
WILSON COUNTY**

**Submitted August 2015**

**PART A****1. Name of Facility, Agency, or Institution**

TriStar Summit Medical Center Emergency Department at Mount Juliet		
<i>Name</i>		
Unaddressed site in the southwest quadrant of the intersection of I-40 and Beckwith Road (Exit 229), 100 yards west of Beckwith Road		
<i>Street or Route</i>		Wilson
<i>County</i>		
Mt. Juliet	TN	37122
<i>City</i>	<i>State</i>	<i>Zip Code</i>

**2. Contact Person Available for Responses to Questions**

John Wellborn		Consultant	
<i>Name</i>		<i>Title</i>	
Development Support Group		jwdsg@comcast.net	
<i>Company Name</i>		<i>E-Mail Address</i>	
4219 Hillsboro Road, Suite 210	Nashville	TN	37215
<i>Street or Route</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
CON Consultant	615-665-2022	615-665-2042	
<i>Association With Owner</i>	<i>Phone Number</i>	<i>Fax Number</i>	

**3. Owner of the Facility, Agency, or Institution**

HCA Health Services of Tennessee, Inc.		615-316-3000
<i>Name</i>		<i>Phone Number</i>
c/o TriStar Summit Medical Center Administration		
5655 Frist Boulevard		Davidson
<i>Street or Route</i>		<i>County</i>
Hermitage	TN	37211
<i>City</i>	<i>State</i>	<i>Zip Code</i>

**4. Type of Ownership or Control (Check One)**

A. Sole Proprietorship		F. Government (State of TN or Political Subdivision)	
B. Partnership		G. Joint Venture	
C. Limited Partnership		H. Limited Liability Company	
D. Corporation (For-Profit)	x	I. Other (Specify):	
E. Corporation (Not-for-Profit)			

**PUT ALL ATTACHMENTS AT THE BACK OF THE APPLICATION IN ORDER AND  
REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS**

AUG 14 '15 PM 1:59

**5. Name of Management/Operating Entity (If Applicable)** NA

<i>Name</i>		
<i>Street or Route</i>		<i>County</i>
<i>City</i>	<i>State</i>	<i>Zip Code</i>

**6. Legal Interest in the Site of the Institution (Check One)**

A. Ownership	<input type="checkbox"/>	D. Option to Lease	<input type="checkbox"/>
B. Option to Purchase	<input checked="" type="checkbox"/>	E. Other (Specify):	<input type="checkbox"/>
C. Lease of _____ Years	<input type="checkbox"/>		<input type="checkbox"/>

**7. Type of Institution (Check as appropriate—more than one may apply)**

A. Hospital (Specify): General	<input checked="" type="checkbox"/>	I. Nursing Home	<input type="checkbox"/>
B. Ambulatory Surgical Treatment Center (ASTC) Multi-Specialty	<input type="checkbox"/>	J. Outpatient Diagnostic Center	<input type="checkbox"/>
C. ASTC, Single Specialty	<input type="checkbox"/>	K. Recuperation Center	<input type="checkbox"/>
D. Home Health Agency	<input type="checkbox"/>	L. Rehabilitation Center	<input type="checkbox"/>
E. Hospice	<input type="checkbox"/>	M. Residential Hospice	<input type="checkbox"/>
F. Mental Health Hospital	<input type="checkbox"/>	N. Non-Residential Methadone	<input type="checkbox"/>
G. Mental Health Residential Facility	<input type="checkbox"/>	O. Birthing Center	<input type="checkbox"/>
H. Mental Retardation Institutional Habilitation Facility (ICF/MR)	<input type="checkbox"/>	P. Other Outpatient Facility (Specify): Satellite Emergency Rm	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	Q. Other (Specify):	<input type="checkbox"/>

**8. Purpose of Review (Check as appropriate—more than one may apply)**

A. New Institution	<input type="checkbox"/>	G. Change in Bed Complement Please underline the type of Change: Increase, Decrease, Designation, Distribution, Conversion, Relocation	<input type="checkbox"/>
B. Replacement/Existing Facility	<input type="checkbox"/>	H. Change of Location	<input type="checkbox"/>
C. Modification/Existing Facility	<input type="checkbox"/>	I. Other (Specify):	<input type="checkbox"/>
D. Initiation of Health Care Service as defined in TCA Sec 68-11-1607(4) (Specify) ER service at new location	<input checked="" type="checkbox"/>		<input type="checkbox"/>
E. Discontinuance of OB Service	<input type="checkbox"/>		<input type="checkbox"/>
F. Acquisition of Equipment	<input type="checkbox"/>		<input type="checkbox"/>

**9. Bed Complement Data***(Please indicate current and proposed distribution and certification of facility beds.)*

	<b>Current Licensed Beds</b>	<b>CON approved beds (not in service)</b>	<b>Staffed Beds</b>	<b>Beds Proposed (Change)</b>	<b>TOTAL Beds at Completion</b>
A. Medical	126	+2	126	NC	126
B. Surgical					
C. Long Term Care Hosp.					
D. Obstetrical	24	-6	22	NC	24
E. ICU/CCU	24		24	NC	24
F. Neonatal	10		10	NC	10
G. Pediatric					
H. Adult Psychiatric					
I. Geriatric Psychiatric					
J. Child/Adolesc. Psych.					
K. Rehabilitation	12	+8	12	NC	12
L. Nursing Facility (non-Medicaid certified)					
M. Nursing Facility Lev. 1 (Medicaid only)					
N. Nursing Facility Lev. 2 (Medicare only)					
O Nursing Facility Lev. 2 (dually certified for Medicare & Medicaid)					
P. ICF/MR					
Q. Adult Chemical Dependency					
R. Child/Adolescent Chemical Dependency					
S. Swing Beds					
T. Mental Health Residential Treatment					
U. Residential Hospice					
<b>TOTAL</b>	<b>196</b>	<b>+4</b>	<b>194</b>	<b>NC</b>	<b>196</b>

<b>10. Medicare Provider Number:</b>	440150
<b>Certification Type:</b>	General Acute Care Hospital
<b>11. Medicaid Provider Number:</b>	44-0205
<b>Certification Type:</b>	General Acute Care Hospital

12. &amp; 13. See page 4

**A.12. IF THIS IS A NEW FACILITY, WILL CERTIFICATION BE SOUGHT FOR MEDICARE AND/OR MEDICAID?**

The facility will be operated as a department of TriStar Summit Medical Center. That hospital is already certified for both Medicare and Medicaid.

**A.13. IDENTIFY ALL TENNCARE MANAGED CARE ORGANIZATIONS / BEHAVIORAL HEALTH ORGANIZATIONS (MCO'S/BHO'S) OPERATING IN THE PROPOSED SERVICE AREA. WILL THIS PROJECT INVOLVE THE TREATMENT OF TENNCARE PARTICIPANTS? Yes**

**IF THE RESPONSE TO THIS ITEM IS YES, PLEASE IDENTIFY ALL MCO'S WITH WHICH THE APPLICANT HAS CONTRACTED OR PLANS TO CONTRACT.**

**DISCUSS ANY OUT-OF-NETWORK RELATIONSHIPS IN PLACE WITH MCO'S/BHO'S IN THE AREA.**

<b>Table One: Contractual Relationships with Service Area TennCare MCO's</b>	
<b>Available TennCare MCO's</b>	<b>Applicant's Relationship</b>
AmeriGroup or BlueCare	contracted
United Healthcare Community Plan (formerly AmeriChoice)	contracted
TennCare Select	contracted

There are three Statewide TennCare MCO's. The applicant is contracted with all three, through master contracts between those MCO's and TriStar Health System, the applicant's Division office.

## **SECTION B: PROJECT DESCRIPTION**

**B.I. PROVIDE A BRIEF EXECUTIVE SUMMARY OF THE PROJECT NOT TO EXCEED TWO PAGES. TOPICS TO BE INCLUDED IN THE EXECUTIVE SUMMARY ARE A BRIEF DESCRIPTION OF PROPOSED SERVICES AND EQUIPMENT, OWNERSHIP STRUCTURE, SERVICE AREA, NEED, EXISTING RESOURCES, PROJECT COST, FUNDING, FINANCIAL FEASIBILITY AND STAFFING.**

### Proposed Services and Equipment

- TriStar Summit Medical Center is an HCA general acute care hospital serving eastern Davidson County and western Wilson County. Its Emergency Department (ED) is highly utilized, its visits are increasing, and it needs to add treatment room capacity. Many of its ED patients come from western Wilson County in the vicinity of Mount Juliet, a rapidly growing suburb of Nashville. Mount Juliet is closer to Summit than to the next closest ED, in Lebanon in central Wilson County.
- This project will establish a satellite Emergency Department of TriStar Summit Medical Center, in the Mount Juliet area. It will be located on the south side of I-40 at Beckwith Road, Exit 229. The site is between the communities of Hermitage in eastern Davidson County, and Lebanon in central Wilson County.
- The proposed facility will operate as a Department of TriStar Summit Medical Center. It will be a full-service Emergency Department, operating 24 hours daily. It will be staffed by the same Emergency Physician group that staffs the main hospital ED, and will have the same clinical competencies as the main ED.
- The 8,864 square foot Emergency facility will have eight treatment and exam rooms. The rooms will be fully equipped and supplied to care for adult and pediatric patients. Ancillary services will include CT, X-ray, ultrasound, and laboratory services appropriate for emergency care.
- The applicant belongs to HCA's TriStar Health network. This integrated acute care system includes 7 tertiary and community hospitals in Middle Tennessee (4 of which are located in Davidson County).

### Ownership

- The applicant, TriStar Summit Medical Center, is owned by HCA Health Services of Tennessee, Inc., whose ultimate parent company is HCA Holdings, Inc. Attachment A.4 contains more details, an organization chart, and information on the Tennessee facilities owned by this facility's parent organization.

### Service Area

- The project's primary service area will be zip codes 37122, 37087, and 37090, which are located almost entirely within western Wilson County, bisected by the I-40 east-west corridor. The project is located in Mount Juliet's zip code, 37122. Summit is the leading provider of ED care to residents of that zip code. And it is the Summit ED's second

largest contributor of ED visits. Residents of the three zip codes of this project's proposed service area together send more ED visits to Summit than does Summit's own home zip code in populous Hermitage, in eastern Davidson County.

### Need

- The project is needed for two reasons. First, TriStar Summit Medical Center's ED needs more treatment room capacity. Its utilization has grown rapidly. It is currently highly utilized at 1,900 annual visits per treatment room, and will exceed 2,000 annual visits per room by CY 2017. That exceeds optimal utilization on an annual average basis.

Second, placing the new capacity in a satellite ED near Mount Juliet, in western Wilson County but still within Summit's traditional service area, will improve accessibility to care for service area residents. Most ED visits from the project site's zip code (37122; Mount Juliet) already come to Summit's Hermitage campus. Extending Summit's ED services into a satellite facility in Mount Juliet will shorten those patients' drive times to emergency care.

- Expansion of treatment rooms at Summit's main campus is possible, but it would be very disruptive, and would not improve accessibility to care for Summit's Wilson County patients who live closer to Exit 229 in western Wilson County. Improving accessibility to care is Summit's first priority in adding ED capacity to its service area.

### Existing Resources

- The primary service area zip codes are within Wilson County. University Medical Center in Lebanon is the only hospital ED in that county.

### Project Cost, Funding, Financial Feasibility, Staffing

- The estimated cost for CON purposes is \$11,106,634. HCA Holdings, Inc., the parent of both the applicant and the company developing the building for lease, will provide all of the funds required, by intercompany cash transfers to TriStar Health, the HCA division office for Middle Tennessee. The Emergency Department will continue to operate with a positive margin, as will TriStar Summit Medical Center. The satellite facility will require approximately 35.5 FTE's.

**B.II. PROVIDE A DETAILED NARRATIVE OF THE PROJECT BY ADDRESSING THE FOLLOWING ITEMS AS THEY RELATE TO THE PROPOSAL.**

**B.II.A. DESCRIBE THE CONSTRUCTION, MODIFICATION AND/OR RENOVATION OF THE FACILITY (EXCLUSIVE OF MAJOR MEDICAL EQUIPMENT COVERED BY T.C.A. 68-11-1601 *et seq.*) INCLUDING SQUARE FOOTAGE, MAJOR OPERATIONAL AREAS, ROOM CONFIGURATION, ETC.**

The Applicant

The applicant, TriStar Summit Medical Center, belongs to HCA's TriStar Health network. TriStar is an operationally integrated acute care system that includes 7 tertiary and community hospitals in Middle Tennessee (four of them in Davidson County). TriStar facilities cooperatively deliver a large percentage of the acute care services needed by Nashville area residents--specialized services such as comprehensive cardiac, cancer, psychiatric, and neonatal intensive care, as well as a full range of community hospital services. The Children's Hospital at TriStar Centennial Medical Center is one of only two children's hospitals in Middle Tennessee. The Sarah Cannon Research Institute at TriStar Centennial Medical Center operates one of the nation's largest programs of clinically-based trials in oncology and cardiology, in addition to providing research support services to oncologists, hematologists, and other physicians working to develop advanced therapies for patients.

In emergency care, TriStar hospitals regionally care for more than a half million Emergency Department (ED) patients annually. TriStar Skyline Medical Center operates one of only two Trauma Centers in Nashville. In CY2013, TriStar's four Davidson County hospitals collectively treated 42.1% of all ED visits in Davidson and Wilson Counties. Their utilization was comparable to the 44% of area ED visits treated in the Vanderbilt (25.7%) and the St. Thomas (18.3%) systems combined.

THA data for CY 2014 are incomplete. CY 2013 THA data indicate that Wilson County residents from the three zip codes for this project made 40,633 ED visits that year. Approximately 28.7% of those utilized TriStar Summit Medical Center; and 31.4% were cared for by all four Davidson County TriStar hospitals.

TriStar and its parent company HCA also have deep expertise in the development and operation of freestanding satellite Emergency Care facilities, with 42 such satellite ED's in operation and 15 under construction nationally. One of these is the TriStar Centennial satellite ED in Spring Hill, Maury County. It was Tennessee's first such facility to receive CON approval.

TriStar Summit Medical Center's caregiver teams and management observe high standards of professional preparation, competence, and care. The hospital and its parent company are heavily committed to identifying and implementing best practices through continuous data-driven evaluation. The hospital has received:

- Joint Commission
  - a. Full Three-Year Accreditation
  - b. Top Performer in Key Quality Measures
  - c. Gold Seal of Approval for Total Hip and Knee Replacement Programs
- Other Accreditations and Recognitions
  - a. Accredited Chest Pain Center with PCI--Society of Chest Pain Centers
  - b. Accreditation with Commendation--Commission on Cancer of the American College of Surgeons
  - c. Accredited Breast Center--National Accreditation Program for Breast Centers
  - d. Breast Center of Excellence--American College of Radiology
  - e. Sleep Center Accreditation--American Academy of Sleep Medicine
  - f. "A" Safety Score from the Leapfrog Group

### Project Location

The proposed facility is a satellite or freestanding emergency department ("FSED"). It will be located in Western Wilson County, 9.9 miles and 12 minutes' drive time east of the main ED of TriStar Summit Medical Center.

The 2-acre project site is on the south side of I-40 at Exit 229 (Beckwith Road). It is in the southwest quadrant of the intersection of I-40 and Beckwith Road, within sight of both, and within the Mount Juliet city limits. It is unaddressed at this time. The access road to the site runs west off Beckwith Road near a concrete company building at 4910 Beckwith Road. A location map and a floor plan for the FSED are provided on the second and third following pages.

### Project Design

The TriStar Summit FSED will be a compact 8,864 SF facility with separate canopied entrances for ambulance and walk-in patients. A central nursing station will be provided. It will have 8 exam/treatment rooms, all of them single-bed, hard-walled rooms for family and patient privacy. Treatment rooms will include an oversized resuscitation room, a secure (psychiatric) exam/holding room, an isolation room, a bariatric patient examination room, and 4 general-purpose treatment rooms.

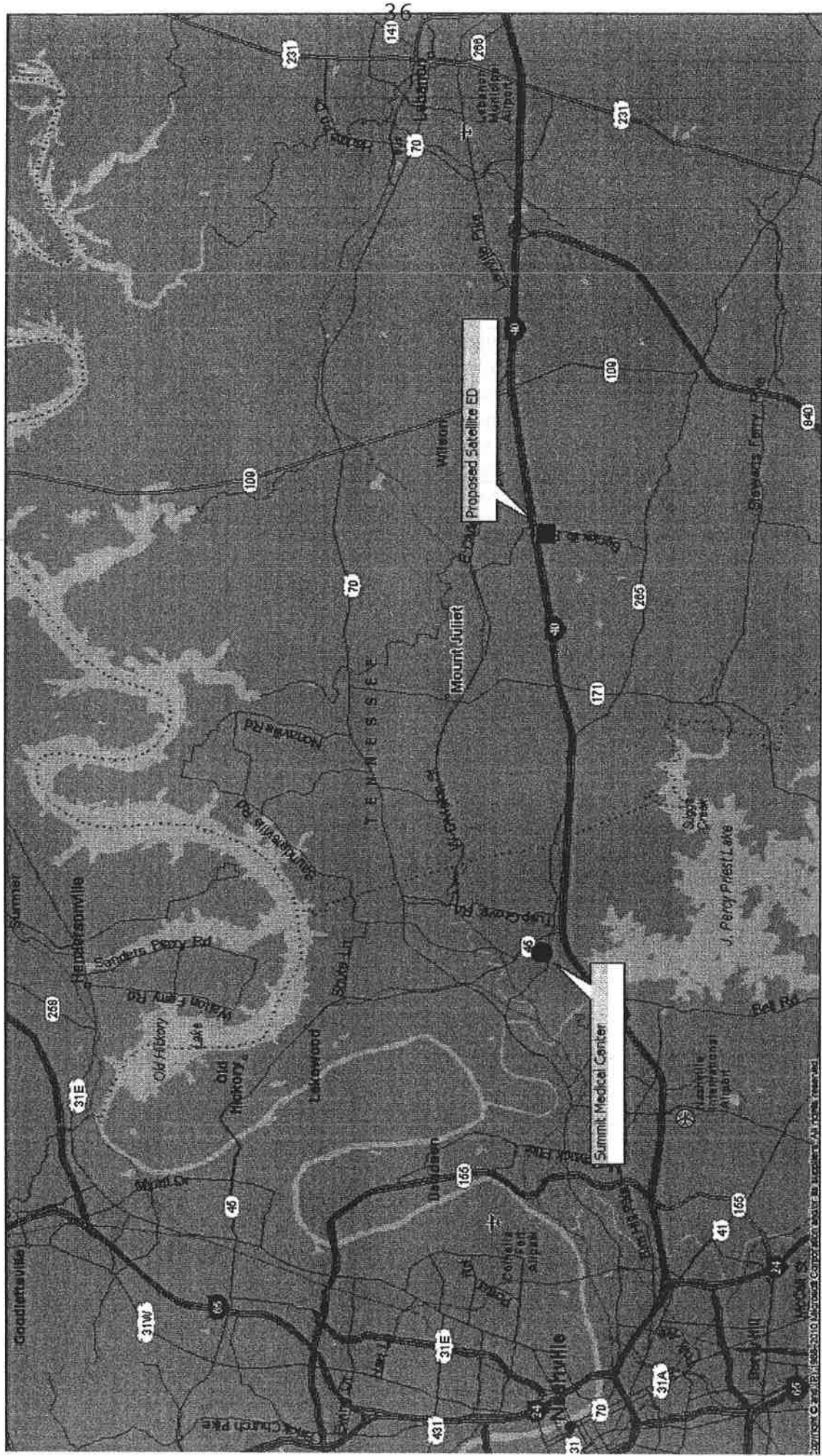
Ancillary areas and services will include CT scanning, general radiology, a laboratory and mobile ultrasound. The FSED will also have appropriate support spaces, such as patient and staff bathrooms, staff offices, and a staff/EMS lounge/break room (EMS are Emergency Medical Services Techs who provide ambulance transport).

The table on the following page shows the proposed increases in treatment room capacity for Summit's consolidated Emergency Department, after the satellite ED opens. Capacity will increase from 31 to 39 rooms. Total floor space will increase from 13,778 SF to 22,642 SF.

<b>Table Two: Proposed Changes in Emergency Department (ED) Capacity</b>			
<b>Patient Care Areas Other than Ancillary Services (X-ray, CT, Lab)</b>	<b>Hospital ED*</b>	<b>Satellite ED</b>	<b>Combined EDs</b>
Exam/Treatment Rooms	31	8	39
Multipurpose	29	4	33
Cardiology	0	0	0
Gynecological	0	0	0
Holding/Secure/Psychiatric	0	1	1
Isolation	1	1	2
Orthopedic	0	0	0
Resuscitation (Oversized)	1	1	2
Bariatric	0	1	1
Triage Area	1	1	2
Decontamination Room or Station	1	1	2
GSF of Main and Satellite ED's	13,778 SF	8,864	22,642 SF
Dept. GSF Per Treatment Room	444.5 SF	1,108 SF	580.6 SF

The facility will have the same clinical competencies as the main campus ED. The satellite will be equipped with a CT scanner, mobile ultrasound, a radiographic room with a C-arm x-ray unit, and mobile X-ray units.

# General Orientation map of TriStar Summit Main Campus and Proposed Satellite Emergency Department Location



APPLICANTS WITH HOSPITAL PROJECTS (CONSTRUCTION COST IN EXCESS OF \$5 MILLION) AND OTHER FACILITY PROJECTS (CONSTRUCTION COST IN EXCESS OF \$2 MILLION) SHOULD COMPLETE THE SQUARE FOOTAGE AND COSTS PER SQUARE FOOTAGE CHART.

UTILIZING THE ATTACHED CHART, APPLICANTS WITH HOSPITAL PROJECTS SHOULD COMPLETE PARTS A-E BY IDENTIFYING, AS APPLICABLE, NURSING UNITS, ANCILLARY AREAS, AND SUPPORT AREAS AFFECTED BY THIS PROJECT. PROVIDE THE LOCATION OF THE UNIT/SERVICE WITHIN THE EXISTING FACILITY ALONG WITH CURRENT SQUARE FOOTAGE, WHERE, IF ANY, THE UNIT/SERVICE WILL RELOCATE TEMPORARILY DURING CONSTRUCTION AND RENOVATION, AND THEN THE LOCATION OF THE UNIT/SERVICE WITH PROPOSED SQUARE FOOTAGE. THE TOTAL COST PER SQUARE FOOT SHOULD PROVIDE A BREAKOUT BETWEEN NEW CONSTRUCTION AND RENOVATION COST PER SQUARE FOOT. OTHER FACILITY PROJECTS NEED ONLY COMPLETE PARTS B-E.

See Attachment B.II.A.

PLEASE ALSO DISCUSS AND JUSTIFY THE COST PER SQUARE FOOT FOR THIS PROJECT.

Hospital construction projects approved by the HSDA during 2010-2013 proposed the following construction costs per SF:

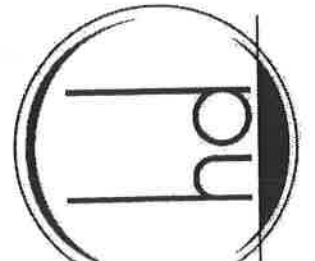
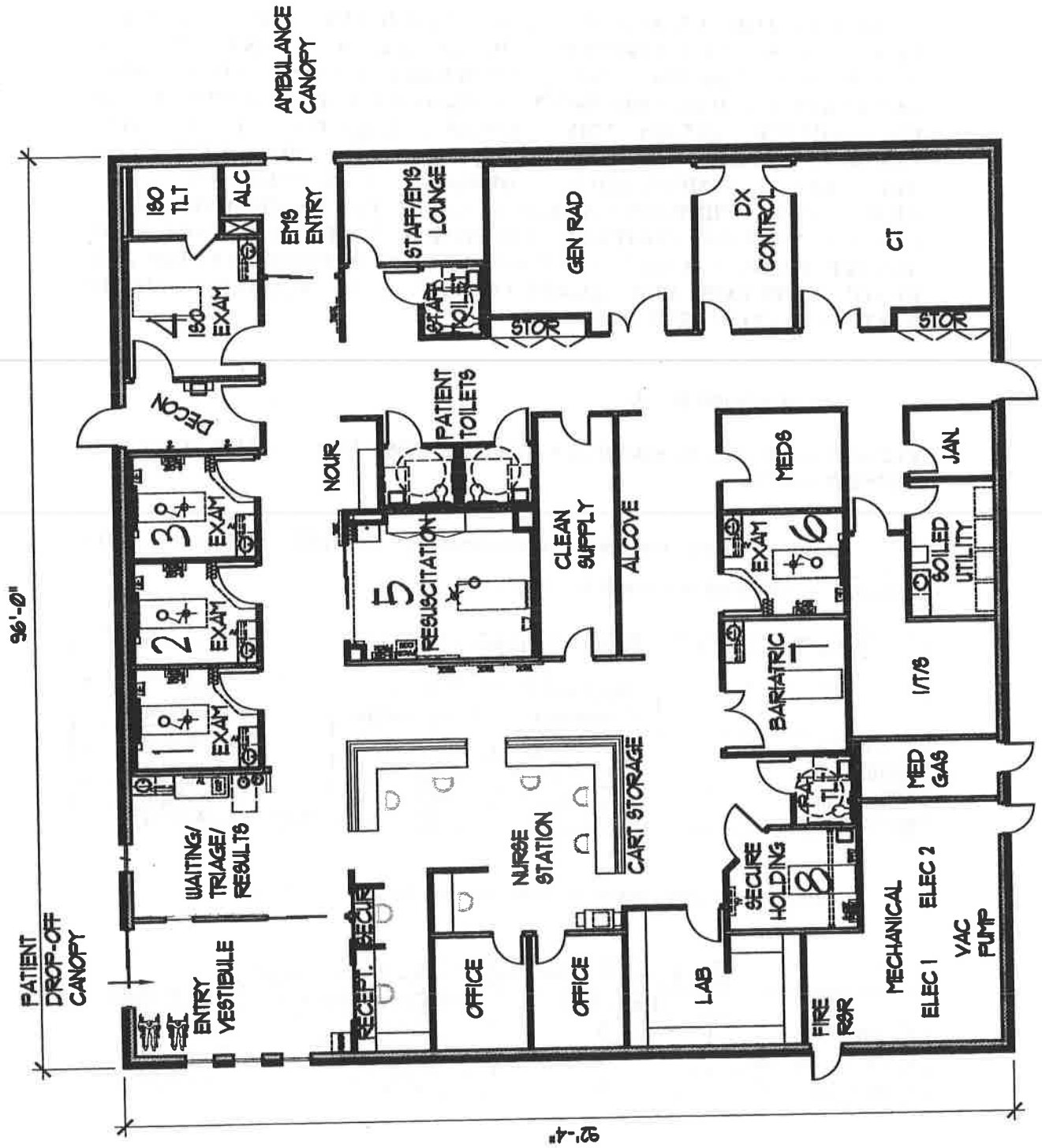
<b>Table Three-A: CON Approved Projects--Hospital Construction Cost PSF Years 2012-2014</b>			
	<b>Renovated Construction</b>	<b>New Construction</b>	<b>Total Construction</b>
1 <sup>st</sup> Quartile	\$110.98/sq ft	\$224.09/sq ft	\$156.78/sq ft
Median	\$192.46/sq ft	\$259.66/sq ft	\$227.88/sq ft
3 <sup>rd</sup> Quartile	\$297.82/sq ft	\$296.52/sq ft	\$298.66/sq ft

*Source: HSDA Registry; CON approved applications for years 2012 through 2014.*

This project's new construction cost exceeds the above averages:

<b>Table Three-B: This Project's Construction Costs</b>			
	<b>Renovation</b>	<b>New Construction</b>	<b>Total Project</b>
Square Feet	0	11,248	11,248
Construction Cost	0	\$4,210,400	\$4,210,400
Constr. Cost PSF	0	\$374.32	\$374.32

However, its construction cost is appropriate for several reasons.



### Project Cost and Funding

The estimated cost of the project is \$11,106,634. HCA Holdings, Inc., the parent company of the applicant, will provide all of the funds required, by intercompany cash transfers to TriStar Health, the HCA division office for Middle Tennessee.

### Project Implementation, Hours of Service, Level of Care Provided

If granted final CON approval by December of 2015, the satellite ED facility can be opened for service by the end of CY2016. Its first full calendar year of operation will be CY2017. It will provide emergency care 24 hours per day, every day.

The satellite ED will be staffed by the same Emergency Room physician group that staffs the main campus ED. Clinical competencies of these specialists and the nursing and technical staff they direct will be the same at the satellite ED as at the main campus ED.

### Ownership of the Project

The proposed facility will operate as a satellite Emergency Department of TriStar Summit Medical Center, which is wholly owned by HCA Health Services of Tennessee, Inc., which is wholly owned by Healthserv Acquisition, LLC, which is wholly owned by Healthtrust, Inc.--The Hospital Company, which is wholly owned by HCA, Inc., which is wholly owned by HCA Holdings, Inc.

First, the facility is very small; and such small projects usually show a relatively high cost per SF compared to larger projects, because larger projects spread site mobilization and related costs over a larger square footage, when calculating costs PSF.

Second, this project's construction cost will be incurred primarily in CY 2016, which is three years later than the midpoint year of the HSDA Registry cost averages. Increased cost of construction should be expected over a three-year period.

Third, this project's cost estimate is based on current FSED costs in other States where the applicant's development team is building this type of facility.

**IF THE PROJECT INVOLVES NONE OF THE ABOVE, DESCRIBE THE DEVELOPMENT OF THE PROPOSAL.**

Not applicable.

**B.II.B. IDENTIFY THE NUMBER AND TYPE OF BEDS INCREASED, DECREASED, CONVERTED, RELOCATED, DESIGNATED, AND/OR REDISTRIBUTED BY THIS APPLICATION. DESCRIBE THE REASONS FOR CHANGE IN BED ALLOCATIONS AND DESCRIBE THE IMPACT THE BED CHANGE WILL HAVE ON EXISTING SERVICES.**

Not applicable. This project has no inpatient beds or inpatient services.

**B.II.C. AS THE APPLICANT, DESCRIBE YOUR NEED TO PROVIDE THE FOLLOWING HEALTH CARE SERVICES (IF APPLICABLE TO THIS APPLICATION):**

1. ADULT PSYCHIATRIC SERVICES
2. ALCOHOL AND DRUG TREATMENT ADOLESCENTS >28 DAYS
3. BIRTHING CENTER
4. BURN UNITS
5. CARDIAC CATHETERIZATION SERVICES
6. CHILD AND ADOLESCENT PSYCHIATRIC SERVICES.....

Not applicable. The applicant is not proposing to add one of the listed new service. The project is an extension of existing emergency services into the applicant's existing primary service area. It is described in Section B.II.D. below.

**B.II.D. DESCRIBE THE NEED TO CHANGE LOCATION OR REPLACE AN EXISTING FACILITY.**

The Need for More Emergency Department Capacity

Tristar Summit Medical Center (“Summit” or “the hospital” in this document) has experienced continuous increases in Emergency Department (ED) visits over the past five years. Table Four below provides detailed statistics on historic and projected utilization of its ED. Line A shows the ED patients treated from CY2010 through CY2015 (annualized), and conservatively projects community *demand* for visits to Summit, from CY2016 through CY2021. Line B shows the annual rate of increase in patients presenting from CY2010 through CY2015. Line C shows the compound annual growth rate of Summit’s ED visits during those same five years. Lines F and G compare these utilization levels to HCA and industry standards for optimal annual utilization per treatment room.

Overall, Table Four shows that:

- Visits to Summit’s ED have increased at an average rate of 4.8% per year for the past five years; and in 2014 and 2015 the growth rates have been even higher--averaging almost 7% a year. Annual visits per treatment room are averaging 1,900 visits per room this year.

- Even with the very conservative assumption of only a 3% annual increase during the next several years, Summit’s ED will receive more than 66,000 annual visits four years from now, making its CY 2019 utilization 2,139 annual visits per treatment room. That would be almost 143% of the industry standard of 1,500 annual visits per room. Increasing utilization will impose ever longer patient waiting time for care, once patients arrive at the ED, unless additional treatment rooms and ED staff are added somewhere in the service area.

- The industry planning standard of 1,500 visits per room indicates that 8 more rooms are needed today for the patient visit volumes at TriStar Summit Medical Center.

Table Four (Revised on Supplemental): TriStar Summit Medical Center Emergency Department Historic and Projected Community Demand for Visits CY2010-CY2021 (Without Additional Treatment Rooms) Compared to Planning Standards for Optimal Utilization													
	Year:	ACTUAL					COMMUNITY DEMAND PROJECTION						
		2010	2011	2012	2013	2014	Ann'd 2015	2016	Year 1 2017	Year 2 2018	Year 3 2019	Year 4 2020	Year 5 2021
A	Historic & Projected Community Demand for Summit MC Emergency Visits	46,634	47,981	52,870	52,530	55,154	58,910	60,677	62,498	64,373	66,304	68,293	70,342
B	% Increase Over Prior Year		2.9%	10.2%	-0.6%	5.0%	6.8%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
C	2010-2015 Increase (CAGR)						4.8%						
D	Exam/Treatment Rooms	31	31	31	31	31	31	31	31	31	31	31	31
E	Average Visits/Room	1,504	1,548	1,705	1,695	1,779	1,900	1,957	2,016	2,077	2,139	2,203	2,269
F	HCA Standard--Optimal Visits/Room	1,800	1,800	1,800	1,800	1,800	1,800	1,800	1,800	1,800	1,800	1,800	1,800
	% of Standard Currently	83.6%	86.0%	94.7%	94.1%	98.8%	105.6%	108.7%	112.0%	115.4%	118.8%	122.4%	126.1%
	Rooms Needed @ 1,800 Visits/Room	26	27	29	29	31	33	34	35	36	37	38	39
	Additional Rooms Needed to Meet Standard	-5	-4	-2	-2	0	2	3	4	5	6	7	8
G	Industry Standard--Optimal Visits/Room	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500
	% of Standard Currently	100.3%	103.2%	113.7%	113.0%	118.6%	126.7%	130.5%	134.4%	138.4%	142.6%	146.9%	151.3%
	Rooms Needed @ 1,500 Visits/Room	31	32	35	35	37	39	40	42	43	44	46	47
	Additional Rooms Needed to Meet Standard	0	1	4	4	6	8	9	11	12	13	15	16

Sources:

1. Visits data from hospital records and management projections. 2015 ED visits to SMC annualized on Jan-July.
2. HCA standards from HCA Corporate Design and Construction Staff.
3. Industry standards from Emergency Department Benchmarking Alliance.

### Orderly Development of ED Resources at TriStar Summit Medical Center

Summit completed an ED expansion four years ago, in a major project approved by the CON Board (CN0808-060). At that time Summit projected a 1.5% annual rate of growth in its ED visits, and a utilization of 49,466 visits in CY2012.

What Summit actually experienced in its high-growth service area was a 2012 utilization of 52,870 visits, exceeding the projection by 6.9%. And the average annual growth rate since 2010 has been three times the rate projected in 2008. In the interests of both community need and orderly development, Summit is now proposing a second incremental expansion of facilities within its established primary service area for ED services.

### Options for Locating Additional Treatment Rooms

TriStar Summit Medical Center can either add capacity at its main campus; or add capacity within its current service area to meet area needs at two locations; or do both. This project is the second option. It is the best to pursue first, because it is the most economical way to improve patient access to emergency care both externally and internally. In terms of *internal accessibility*, any addition of exam/treatment room capacity and staff will help improve access to caregivers once a patient is physically in the ED. But in terms of *external accessibility*, only a satellite facility in another part of the ED service area will shorten drive times to the ED facility itself. The satellite option provides a double benefit to area patients: more rapid access to an ED, as well as shorter waiting times within the ED).

In Table Four above, the data in Sections F and G projected that between 8 and 16 more exam/treatment rooms will be needed by CY2021, depending on how intensely the hospital utilizes its treatment rooms. To be conservative, the applicant is proposing first to open 8 treatment rooms at the Exit 229 satellite location. After it is operational for a reasonable period of time, the need for further additions of treatment room capacity at the main campus or at a satellite location will be re-evaluated.

The Project is Appropriate to the Three Zip Codes Constituting Its Primary Service Area

The project will provide its benefits to a service area that already uses TriStar Summit Medical Center as one of its two largest providers of emergency care. In CY 2013 (2014 THA data is not complete), 28.7% of Wilson County residents in these zip codes who sought emergency care chose to utilize Summit. These three combined zip codes already generate more of Summit's annual ED visits than even its own home zip code in Hermitage. See Tables Five-A and Five-B below. More detailed utilization tables are provided in the responses to Section C(I)5 below (Area Utilization).

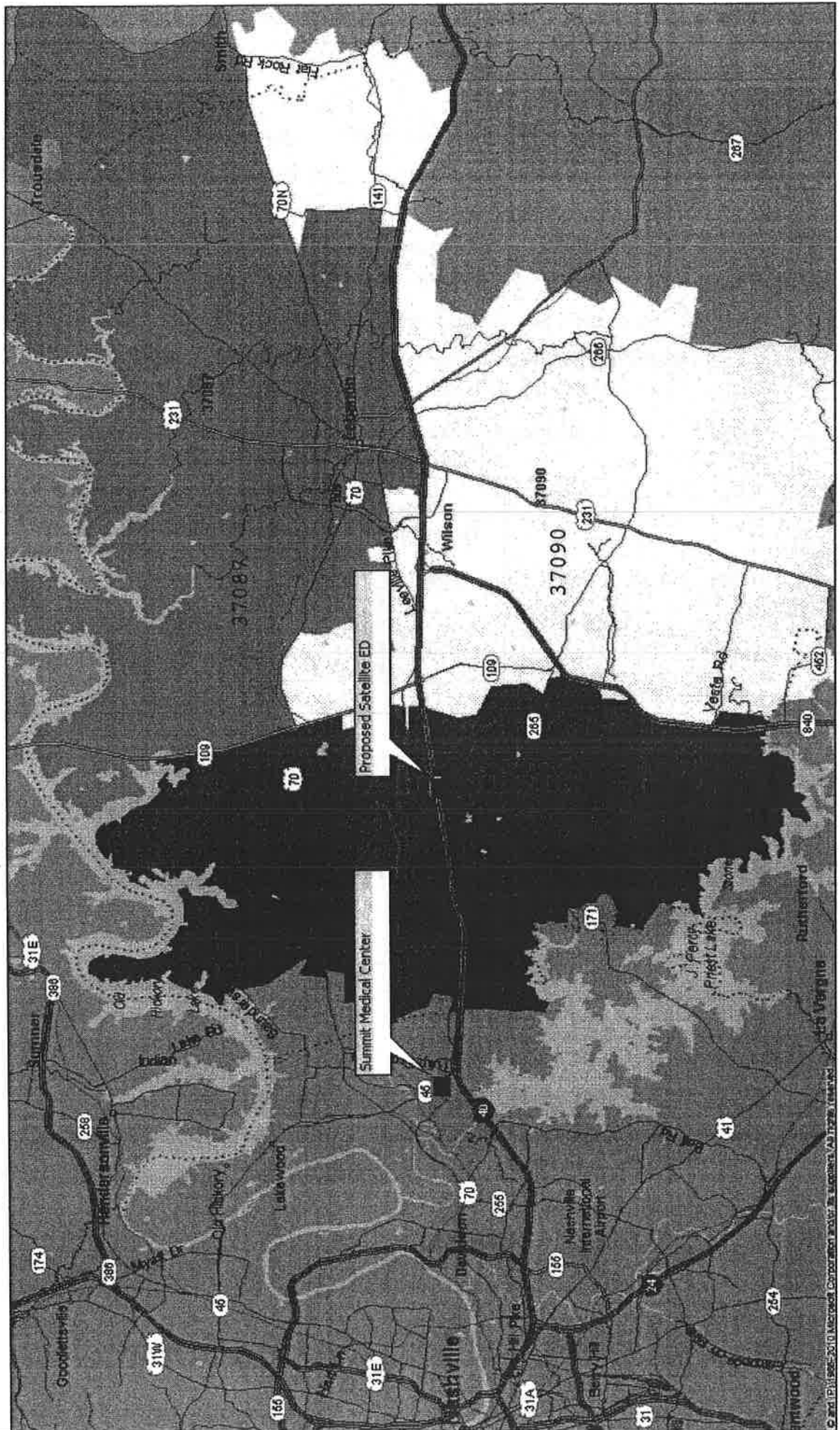
<b>Table Five-A: Project's Primary Service Area Utilization of Wilson and Davidson County ED's CY2013</b>					
<b>Emergency Department Visits to All Locations</b>					
<b>PSA Zip Code</b>	<b>Name</b>	<b>To Summit ED in Hermitage</b>	<b>To 4 Other HCA ED's in Davidson Co.</b>	<b>To UMC ED in Lebanon</b>	<b>To 25+ Other ED's</b>
37122	Mt. Juliet	8,404	713	1,306	3,281
37087	Lebanon (N)	2,386	415	16,734	2,942
37090	Lebanon (S)	858	135	2,448	1,011
Subtotal	PSA	11,648	1,263	20,488	7,234

*Source: THA Database, 2013.*

<b>Table Five-B: Project's Primary Service Area Utilization of TriStar Summit Medical Center ED YTD 2015 (Jan-March Annualized)</b>		
<b>Zip Code of ED Patients</b>	<b>Zip Code Name</b>	<b>Percent of Total Summit ED Visits, YTD 2015</b>
Summit Zip Code 37076	Hermitage	23.2%
Project PSA Zip Codes		
37122	Mount Juliet	16.9%
37087	Lebanon	5.3%
37090	Lebanon	2.0%
Project PSA Subtotal		24.2%

*Source: Summit hospital management.*

A map of the primary service area zip codes for the project is on the following page. Summit's ED visits from these zip codes are most concentrated in their western sectors and also around the city of Lebanon, where for years Summit has operated satellite outpatient diagnostic services.



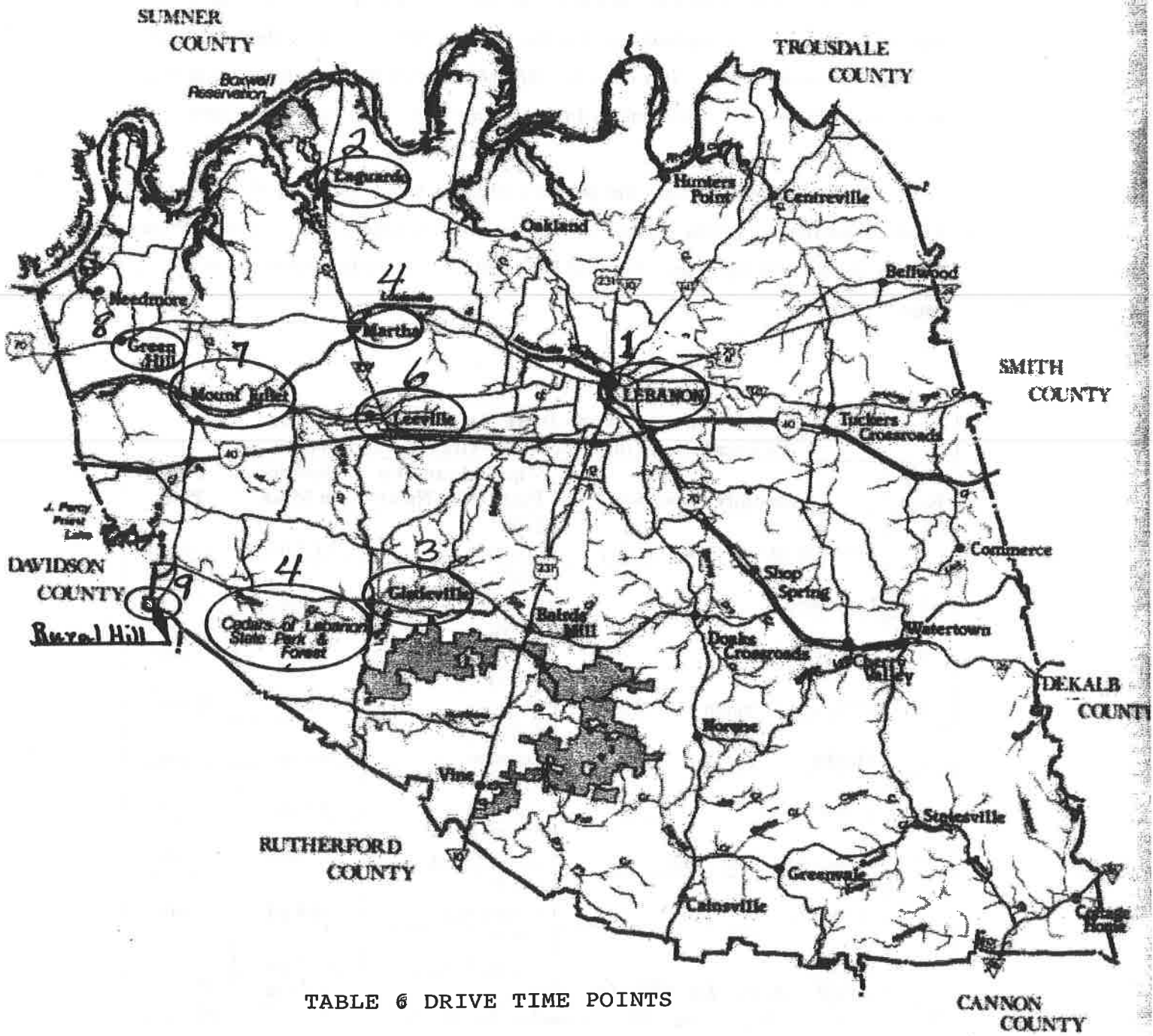
The Proposed Satellite ED Will Be Very Accessible to Its Service Area

The site selected for this satellite ED is very accessible to the central and western parts of Wilson County, represented by parts, or all, of the three zip codes from which most utilization will come. It is close to I-40 and Beckwith Road, where it can provide very accessible service to emergency patients coming from a wide local service area.

Table Six below shows the project's distance from, and drive times to, nine locations distributed within central and western Wilson County and within the three primary service area zip codes. The map key numbers refer to the map on the following page.

<b>Table Six: Distances and Drive Times from Project Site To Locations In the Primary Service Area Zip Codes</b>				
<b>Map Key</b>	<b>Community / Location</b>	<b>Zip Code and Its Post Office Name</b>	<b>Distance in Miles</b>	<b>Drive Time</b>
1	Lebanon (at US 70 & US 231)	37087 Lebanon	11.2 mi.	15 min.
2	LaGuardo	37087 Lebanon	9.4 mi.	16 min.
3	Gladeville	37090 Lebanon	9.4 mi.	11 min.
4	Cedars of Lebanon State Park	37090 Lebanon	12 mi.	15 min.
5	Martha	37090 Lebanon	6.4 mi.	9 min.
6	Leeville	37090 Lebanon	3.4 mi.	6 min.
7	Mount Juliet City Hall	37122 Mount Juliet	4.9 mi.	9 min.
8	Green Hill	37122 Mount Juliet	10.4 mi.	19 min.
9	Rural Hill	37122 Mount Juliet	10.7 mi.	18 min.
	<b>AVERAGE ACCESSIBILITY</b>		<b>9 miles</b>	<b>13 min.</b>

Source: Google Maps, Aug. 2015; project's closest address is 4910 Beckwith Road, Mount Juliet.



**B.II.E. DESCRIBE THE ACQUISITION OF ANY ITEM OF MAJOR MEDICAL EQUIPMENT (AS DEFINED BY THE AGENCY RULES AND THE STATUTE) WHICH EXCEEDS A COST OF \$1.5 MILLION; AND/OR IS A MAGNETIC RESONANCE IMAGING SCANNER (MRI), POSITRON EMISSION TOMOGRAPHY (PET) SCANNER, EXTRACORPOREAL LITHOTRIPTER AND/OR LINEAR ACCELERATOR BY RESPONDING TO THE FOLLOWING:**

1. For fixed site major medical equipment (not replacing existing equipment):
  - a. Describe the new equipment, including:
    1. Total Cost (As defined by Agency Rule);
    2. Expected Useful Life;
    3. List of clinical applications to be provided; and
    4. Documentation of FDA approval.
  - b. Provide current and proposed schedule of operations.
2. For mobile major medical equipment:
  - a. List all sites that will be served;
  - b. Provide current and/or proposed schedule of operations;
  - c. Provide the lease or contract cost;
  - d. Provide the fair market value of the equipment; and
  - e. List the owner for the equipment.
3. Indicate applicant's legal interest in equipment (e.g., purchase, lease, etc.) In the case of equipment purchase, include a quote and/or proposal from an equipment vendor, or in the case of an equipment lease provide a draft lease or contract that at least includes the term of the lease and the anticipated lease payments.

Not applicable. The project contains no major medical equipment as defined by the CON statute and HSDA rules.

**B.III.A. ATTACH A COPY OF THE PLOT PLAN OF THE SITE ON AN 8-1/2" X 11" SHEET OF WHITE PAPER WHICH MUST INCLUDE:**

1. SIZE OF SITE (IN ACRES);
2. LOCATION OF STRUCTURE ON THE SITE;
3. LOCATION OF THE PROPOSED CONSTRUCTION; AND
4. NAMES OF STREETS, ROADS OR HIGHWAYS THAT CROSS OR BORDER THE SITE.

**PLEASE NOTE THAT THE DRAWINGS DO NOT NEED TO BE DRAWN TO SCALE. PLOT PLANS ARE REQUIRED FOR ALL PROJECTS.**

See Attachment B.III.A.

**B.III.B.1. DESCRIBE THE RELATIONSHIP OF THE SITE TO PUBLIC TRANSPORTATION ROUTES, IF ANY, AND TO ANY HIGHWAY OR MAJOR ROAD DEVELOPMENTS IN THE AREA. DESCRIBE THE ACCESSIBILITY OF THE PROPOSED SITE TO PATIENTS/CLIENTS.**

The project service area zip codes are very accessible to the proposed site, as shown in the drive time Table Six above and its associated map. Table Seven below provides distances and drive times from the project site to existing hospitals with emergency rooms, in both Wilson and Davidson Counties.

The project site can be seen on the south side of Interstate 40 at the Beckwith Road exit, just west of Beckwith Road (which is a north-south road at that point, crossing under the interstate). The three zip codes served by the satellite ED are connected with one another and with I-40 and communities like Mount Juliet and Lebanon by a network of good local and State roadways such as Highways 24/70, 171, 265, 109, and I-840.

There is not yet any municipal bus service to the site from Mount Juliet, but routes may be extended to the site within the next few years, as major scheduled business and residential developments close to the site are completed.

<b>Table Seven: Distances and Drive Times from Project Site to Hospital Emergency Departments Wilson and Davidson Counties</b>				
<b>Zip Code</b>	<b>Hospital Emergency Departments</b>	<b>County</b>	<b>Distance in miles</b>	<b>Drive time in minutes</b>
37087	University Medical Center	Wilson	11.0 mi.	15 min.
37076	TriStar Summit Medical Center	Davidson	9.9 mi.	12 min.
37208	Metro Nashville General Hospital	Davidson	22.4 mi.	26 min.
37236	St. Thomas Midtown Hospital	Davidson	26.7 mi.	23 min.
37205	Saint Thomas West Hospital	Davidson	25.4 mi.	27 min.
37203	TriStar Centennial Med. Center	Davidson	22.2 mi.	26 min.
37207	TriStar Skyline Medical Center	Davidson	25.4 mi.	27 min.
37232	Vanderbilt Univ. Med.Center	Davidson	22.1 mi.	27 min.

*Source: Google Maps, August 2015.*

**B.IV. ATTACH A FLOOR PLAN DRAWING FOR THE FACILITY WHICH INCLUDES PATIENT CARE ROOMS (NOTING PRIVATE OR SEMI-PRIVATE), ANCILLARY AREAS, EQUIPMENT AREAS, ETC.**

See attachment B.IV.

**IV. FOR A HOME CARE ORGANIZATION, IDENTIFY**

- 1. EXISTING SERVICE AREA (BY COUNTY);**
- 2. PROPOSED SERVICE AREA (BY COUNTY);**
- 3. A PARENT OR PRIMARY SERVICE PROVIDER;**
- 4. EXISTING BRANCHES AND/OR SUB-UNITS; AND**
- 5. PROPOSED BRANCHES AND/OR SUBUNITS.**

Not applicable. The application is not for a home care organization.

**C(I) NEED**

**C(I).1. DESCRIBE THE RELATIONSHIP OF THIS PROPOSAL TO THE IMPLEMENTATION OF THE STATE HEALTH PLAN AND TENNESSEE'S HEALTH: GUIDELINES FOR GROWTH.**

**A. PLEASE PROVIDE A RESPONSE TO EACH CRITERION AND STANDARD IN CON CATEGORIES THAT ARE APPLICABLE TO THE PROPOSED PROJECT. DO NOT PROVIDE RESPONSES TO GENERAL CRITERIA AND STANDARDS (PAGES 6-9) HERE.**

**B. APPLICATIONS THAT INCLUDE A CHANGE OF SITE FOR A HEALTH CARE INSTITUTION, PROVIDE A RESPONSE TO GENERAL CRITERION AND STANDARDS (4)(a-c).**

**Project-Specific Review Criteria: Construction, Renovation, Expansion, and Replacement of Health Care Institutions**

**1. Any project that includes the addition of beds, services, or medical equipment will be reviewed under the standards for those specific activities.**

Not applicable; such changes are not proposed in this project.

**2. For relocation or replacement of an existing licensed healthcare institution:**

**a. The applicant should provide plans which include costs for both renovation and relocation, demonstrating the strengths and weaknesses of each alternative.**

**b. The applicant should demonstrate that there is an acceptable existing or projected future demand for the proposed project.**

Not applicable. This project does not replace or relocate an existing facility.

**3. For renovation or expansion of an existing licensed healthcare institution:**

**a. The applicant should demonstrate that there is an acceptable existing demand for the proposed project.**

Sections B.II.C above (Project Need), and C.I.6 below (Project Utilization), demonstrate that current utilization and conservatively projected demand for ED capacity at the applicant's facility justify the addition of a minimum of 8 treatment rooms in the Summit emergency services primary service area.

In CY2015, the applicant is operating at 126.7% of the general industry standard for annual treatment room utilization. Without additional rooms, this ED will be facing utilization exceeding 150% of industry standards by the year 2021.

**b. the applicant should demonstrate that the existing physical plant's condition warrants major renovation or expansion.**

The table and narrative in Section B.II.D. above demonstrate that ED expansion is needed. However, enlarging the existing ED would disrupt workflow due to new construction and the need to remodel the interior of the ED to integrate its workflow into enlarged space. While this option is not impossible, Summit is electing first to expand its ED capacity at an off-site location to avoid on-campus disruption and expense, while also reducing drive times to care for many patients coming from Wilson County.

## **The Framework for Tennessee's Comprehensive State Health Plan**

### **Five Principles for Achieving Better Health**

The following Five Principles for Achieving Better Health serve as the basic framework for the State Health Plan. After each principle, the applicant states how this CON application supports the principle, if applicable.

#### **1. Healthy Lives**

*The purpose of the State Health Plan is to improve the health of Tennesseans. Every person's health is the result of the interaction of individual behaviors, society, the environment, economic factors, and our genetic endowment. The State Health Plan serves to facilitate the collaboration of organizations and their ideas to help address health at these many levels.*

The State Health Plan does not yet provide guidelines for evaluating the need for Emergency Department expansions of capacity. However, it is obvious that the closer a fully staffed and equipped Emergency Service is to patients needing emergency care, the better off those patients will be.

#### **2. Access to Care**

*Every citizen should have reasonable access to health care. Many elements impact one's access to health care, including existing health status, employment, income, geography, and culture. The State Health Plan can provide standards for reasonable access, offer policy direction to improve access, and serve a coordinating role to expand health care access.*

This project is completely *financially* accessible to all residents of the service area who may need emergency care. Under Federal law, emergency care must be provided to all persons regardless of their insurance status. TriStar Summit Medical Center seeks in this project to give its service area residents improved *physical* accessibility to emergency care--in terms of proximity and in terms of efficiency and responsiveness.

#### **3. Economic Efficiencies**

*The state's health care resources should be developed to address the needs of Tennesseans while encouraging competitive markets, economic efficiencies and the continued development of the state's health care system. The State Health Plan should work to identify opportunities to improve the efficiency of the state's health care system and to encourage innovation and competition.*

This project increases patient choices in selecting a provider of emergency care within Wilson County, especially in its western sectors around Mount Juliet.

#### 4. Quality of Care

*Every citizen should have confidence that the quality of health care is continually monitored and standards are adhered to by health care providers. Health care providers are held to certain professional standards by the state's licensure system. Many health care stakeholders are working to improve their quality of care through adoption of best practices and data-driven evaluation.*

TriStar Summit Medical Center's caregiver teams and management observe high standards of professional preparation, competence, and care. The hospital and its parent company are heavily committed to identifying and implementing best practices through continuous data-driven evaluation. The hospital has received:

- Joint Commission
  - a. Full Three-Year Accreditation
  - b. Top Performer in Key Quality Measures
  - c. Gold Seal of Approval for Total Hip and Knee Replacement Programs
- Other Accreditations and Recognitions
  - a. Accredited Chest Pain Center with PCI--Society of Chest Pain Centers
  - b. Accreditation with Commendation--Commission on Cancer of the American College of Surgeons
  - c. Accredited Breast Center--National Accreditation Program for Breast Centers
  - d. Breast Center of Excellence--American College of Radiology
  - e. Sleep Center Accreditation--American Academy of Sleep Medicine
  - f. "A" Safety Score from the Leapfrog Group

## **5. Health Care Workforce**

*The state should support the development, recruitment, and retention of a sufficient and quality health care workforce. The state should consider developing a comprehensive approach to ensure the existence of a sufficient, qualified health care workforce, taking into account issues regarding the number of providers at all levels and in all specialty and focus areas, the number of professionals in teaching positions, the capacity of medical, nursing, allied health and other educational institutions, state and federal laws and regulations impacting capacity programs, and funding.*

The applicant's numerous affiliations with health professions training programs contribute continuously to the development of the healthcare workforce. These training relationships are listed in Section C.III.6 of the application.

## **C(I).2. DESCRIBE THE RELATIONSHIP OF THIS PROJECT TO THE APPLICANT'S LONG-RANGE DEVELOPMENT PLANS, IF ANY.**

The project reflects TriStar Summit Medical Center's ongoing commitment to the safety and health of residents of its service area. Few services are as time-sensitive to the general population as emergency care.

Summit completed an ED expansion four years ago in a major project approved by the CON Board (CN0808-060). At that time Summit projected a 1.5% annual rate of growth in its ED visits, and a utilization of 49,466 visits in CY2012.

What Summit actually experienced in its high-growth service area was a 2012 utilization of 52,870 visits, exceeding the 2008 CON application's projection by 6.9%. And the average annual growth rate since 2010 has been three times the rate projected in the prior CON application.

In keeping with principles of orderly development, Summit is re-evaluating its ED facility needs every few years, and is planning ED capacity expansions incrementally to address community needs. This second project--a satellite concept--responds to well-documented needs of the hospital and its service area for more accessibility in future years than will be available without the project.

**C(I).3. IDENTIFY THE PROPOSED SERVICE AREA AND JUSTIFY THE REASONABLENESS OF THAT PROPOSED AREA. SUBMIT A COUNTY-LEVEL MAP INCLUDING THE STATE OF TENNESSEE CLEARLY MARKED TO REFLECT THE SERVICE AREA. PLEASE SUBMIT THE MAP ON A 8-1/2" X 11" SHEET OF WHITE PAPER MARKED ONLY WITH INK DETECTABLE BY A STANDARD PHOTOCOPIER (I.E., NO HIGHLIGHTERS, PENCILS, ETC.).**

The primary service area is defined in this application in two ways. First, as required by HSDA rules, it is defined on a county basis: Wilson County. TriStar Summit Medical Center is very close to the Davidson/Wilson county line, has a medical staff with significant depth, and consequently has served patients from Wilson County for many years. This is especially true for the Mount Juliet area of western Wilson County, for which Summit is the leading provider for ED services and many other services.

Second, the primary service area is defined as three residential postal zip codes: 37122 (Mount Juliet); 37087 (Lebanon-North) and 37090 (Lebanon-South). As a contiguous group, they surround the project site and are accessible to it. 00

Attachment C, Need--3 at the back of the application contains maps of the primary service area. Tables Eight-A and Eight-B below project patient origin to the satellite ED for its first two years of operation, CY2017-CY2018.

<b>Table Eight-A: Projected Patient Origin By County</b>			
<b>County</b>	<b>Percent of Total</b>	<b>Year One Visits</b>	<b>Year Two Visits</b>
Wilson County PSA	80%	8,106	8,511
Other Counties Each <5%	20%	2026	2,128
<b>Total</b>	<b>100%</b>	<b>10,132</b>	<b>10,639</b>

<b>Table Eight-B: Projected Patient Origin By Zip Code</b>			
<b>Zip Code</b>	<b>Percent of Total</b>	<b>Year One Visits</b>	<b>Year Two Visits</b>
PSA			
37122-Mount Juliet	55.9%	5,663	5,947
36087-Lebanon N.	17.7%	1,798	1,888
36090-Lebanon S.	6.4%	645	676
Subtotal, PSA	80.0%	8,106	8,511
Other < 5%	20%	2026	2,128
<b>Total</b>	<b>100.0%</b>	<b>10,132</b>	<b>10,639</b>

### Basis for Service Area Definition

The county-level primary service area was defined as Wilson County because Wilson County contributed 32.1% of Summit's discharged inpatients in CY2014, second only to Davidson County at 57.8% of all discharges. Those two counties are Summit's historical primary service area. However, only Wilson County will be in the satellite ED primary service area, because it is several miles to the east of the Davidson County line and few Davidson County residents in need of emergency care will drive east past Summit's main ED in Hermitage, to utilize a Summit satellite halfway to Lebanon.

In terms of zip codes, the Mount Juliet zip code (37122) and two Lebanon residential zip codes (36087 and 36090) were identified as the project's primary service area for several reasons.

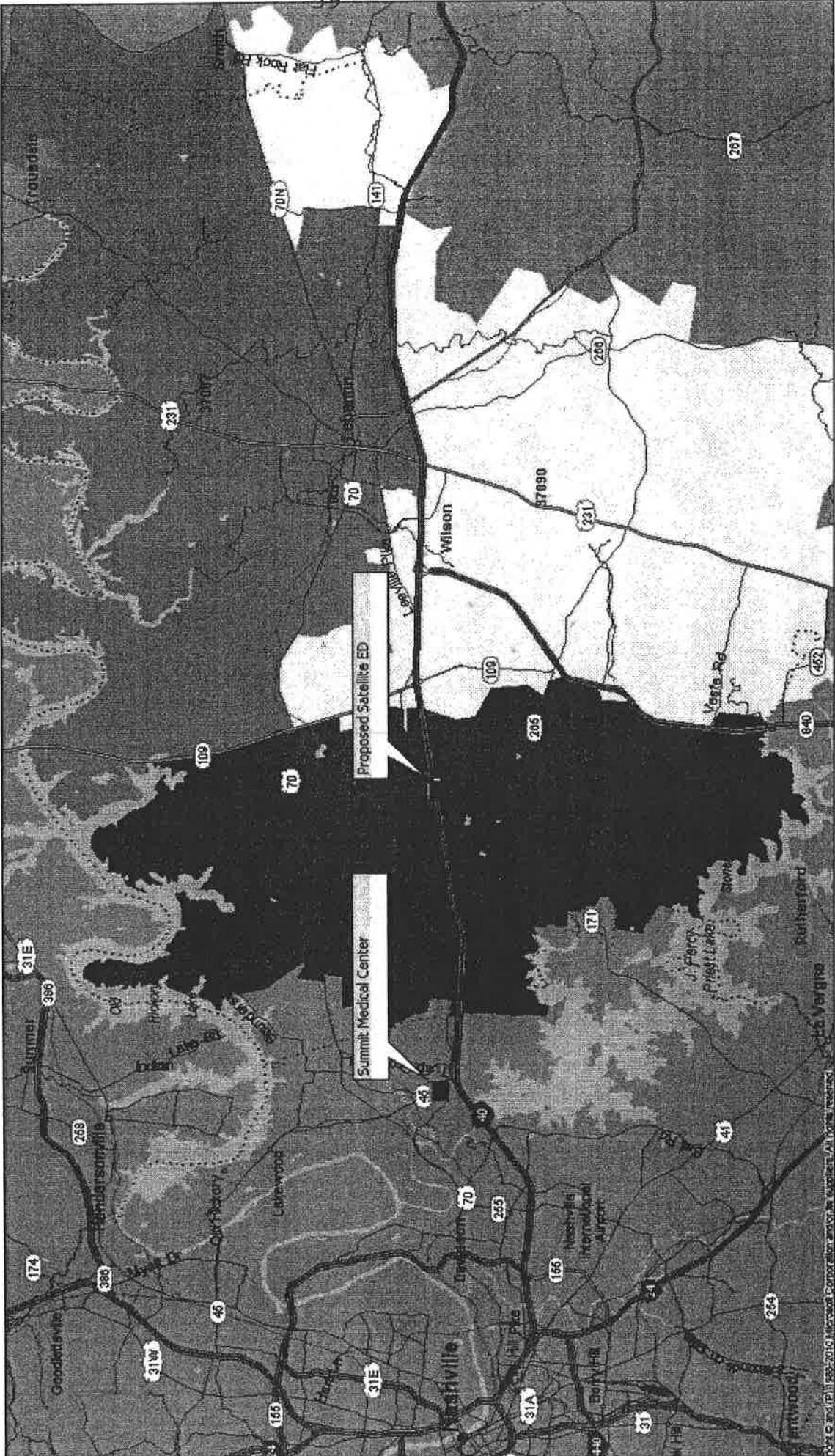
The Mount Juliet zip code is Summit's second highest contributor of ED visits, generating 16.8% of all ED visits to Summit. Based on the latest complete reported data (CY2013), 72.2% of the Mount Juliet zip code's ED visits were served by Summit--compared to only 7.4% served in central Wilson County at University Medical Center.

Furthermore, the Mount Juliet and Lebanon zip codes together generate 24.4% of Summit's total ED visits, more even than Summit's home zip code of Hermitage. All or major parts of these three zip codes are reasonably accessible to this project.

Almost all of the land in these zip codes is within Wilson County. The only exceptions are very small pieces on the southwest and northeast sectors of the zip codes. They appear to be negligible for planning purposes. It would not be reasonable to include those adjoining counties in this project's primary service area for health planning purposes.

Please see the zip code map following this page, and Table Eight-C on the next following page. The table provides the most recent complete available data on these zip codes' residents' destinations for ED care. The hospital in the project service area (UMC in Lebanon) has not reported 2014 data to THA, so this table provides 2013 THA data.

## Proposed Satellite Emergency Department Service Area



<b>Table Eight-C: TriStar Summit Medical Center Satellite Emergency Department at Mt. Juliet 2013 Emergency room visits by Patient Origin and Hospital Destination</b>				
<b>Hospital Name</b>	<b>Primary Service Area Zip Codes</b>			<b>Total</b>
	<b>37122</b>	<b>37087</b>	<b>37090</b>	
<b>Summit</b>	8,404	2,386	858	<b>11,648</b>
<b>UMC</b>	1,306	16,734	2,448	<b>20,488</b>
<b>Vanderbilt</b>	1,615	1,106	369	<b>3,090</b>
<b>Baptist</b>	388	173	71	<b>632</b>
<b>Centennial</b>	387	165	64	<b>616</b>
<b>Saint Thomas</b>	284	176	88	<b>548</b>
<b>StoneCrest</b>	341	111	87	<b>539</b>
<b>Sumner Regional</b>	78	422	21	<b>521</b>
<b>MTMC</b>	139	161	194	<b>494</b>
<b>Skyline</b>	165	100	34	<b>299</b>
<b>Riverview Regional - South</b>	5	231	31	<b>267</b>
<b>Southern Hills</b>	115	78	16	<b>209</b>
<b>Trousdale</b>	3	160	18	<b>181</b>
<b>Nashville General</b>	101	47	16	<b>164</b>
<b>Hendersonville</b>	46	72	21	<b>139</b>
<b>Cookeville Regional</b>	27	50	16	<b>93</b>
<b>Williamson Med Center</b>	43	19	3	<b>65</b>
<b>University Of TN</b>	30	16	3	<b>49</b>
<b>Fort Sanders - Sevier</b>	15	9	6	<b>30</b>
<b>Horizon</b>	10	14	2	<b>26</b>
<b>Gateway</b>	11	10	5	<b>26</b>
<b>Maury Regional</b>	7	10	7	<b>24</b>
<b>Erlanger Health System</b>	13	8	2	<b>23</b>
<b>Northcrest</b>	6	11	3	<b>20</b>
<b>Dekalb Hosptial</b>	-	13	2	<b>15</b>
<b>Fort Sanders - Regional</b>	3	7	3	<b>13</b>
<b>Jefferson Memorial</b>	-	9	3	<b>12</b>
<b>Johnson City</b>	5	2	4	<b>11</b>
<b>River Park</b>	4	5	2	<b>11</b>
<b>Bedford County</b>	2	7	1	<b>10</b>
<b>The Medical Center (Franklin)</b>	4	6	-	<b>10</b>
<b>Other Hospitals &lt; 10 Visits</b>	147	159	54	<b>360</b>
<b>Total</b>	<b>13,704</b>	<b>22,477</b>	<b>4,452</b>	<b>40,633</b>

Source: THA Database

**C(I).4.A DESCRIBE THE DEMOGRAPHICS OF THE POPULATION TO BE SERVED BY THIS PROPOSAL.**

Primary Service Area--Wilson County

Please see Table Nine-A on the following page. The primary service area (PSA) county has a slightly older median age (approximately 39.3) than the State median age of 38 years. Between this year and 2019, the Wilson County population is projected by State demographers to increase by 7.5%, twice as fast as the 3.7% increase forecasted for the State.

Wilson County's elderly age 65+ population is 14.5% of the total county population, somewhat less than the 15.2% Statewide percentage. By 2019, the PSA and State percentages of elderly will be similar, at 16.3% and 16.5%, respectively.

In terms of income, Wilson County's median household income of \$60,390 is far above the State average of \$44,298. TennCare enrollment in Wilson County is 14.6% of the population versus 21.0% Statewide. The persons living in poverty in this county are 10.2% of the population, compared to 17.6% Statewide.

Primary Service Area--By Zip Codes

Please see Table Nine-B on the following page for population projections for the three zip codes comprising the primary service area of this project.

Table Nine-A: Demographic Characteristics of Primary Service Area (County) of Summit Medical Center Emergency Department at Mt. Juliet 2015-2019														
Primary Service Area		Demographic Characteristics												
County	Median Age - 2010 Census	Total Population 2015	Total Population 2019	Total Population % Change 2015 - 2019	Total Population Age 65+ 2015	% of Population 2015	Total Population Age 65+ 2019	% of Population 2019	Age 65+ - Change 2015 - 2019	Median Household Income	TennCare or Medicaid Enrollees JULY 2015	Percent of 2015 Population Enrolled in TennCare	Persons Below Poverty Level	Persons Below Poverty Level as % of Population US Census
Wilson (PSA)	39.3	124,073	133,357	7.5%	17,944	14.5%	21,745	16.3%	21.2%	\$60,390	18,057	14.6%	12,655	10.2%
State of Tennessee	38.0	6,649,438	6,894,997	3.7%	1,012,937	15.2%	1,134,565	16.5%	12.0%	\$44,298	1,399,004	21.0%	1,170,301	17.6%

Sources: TDH Population Projections, May 2013; U.S. Census QuickFacts; TennCare Bureau Apr 2015.  
PSA data is unweighted average, or total, of county data.

Table Nine-B: Demographic Characteristics of Primary Service Area (Zip Codes) of Summit Medical Center Emergency Department at Mt. Juliet 2015-2019														
Primary Service Area	Demographic Characteristics													
Zip Code	Median Age - 2010 Census	Total Population 2015	Total Population 2019	Total Population % Change 2015 - 2019	Total Population Age 65+ 2015	% of Population	Total Population Age 65+ 2019	% of Population	Age 65+ Population - Change 2015 - 2019	Median Household Income	TennCare or Medicaid Enrollees May 2015	Percent of 2015 Population Enrolled in TennCare	Persons Below Poverty Level	Persons Below Poverty Level as % of Population US Census
37122	NA	59,007	64,023	8.5%	7,211	12.2%	8,726	13.6%	1,515	NA	NA	NA	NA	NA
37090	NA	17,164	18,211	6.1%	2,700	15.7%	3,195	17.5%	495	NA	NA	NA	NA	NA
37087	NA	49,134	52,819	7.5%	8,431	17.2%	10,110	19.1%	1,679	NA	NA	NA	NA	NA
PSA	NA	125,305	135,053	7.8%	18,342	14.6%	22,031	16.3%	3,689	NA	NA	NA	NA	NA
State of Tennessee	38.0	6,649,438	6,894,997	3.7%	1,012,937	15.2%	1,134,565	16.5%	121,628	\$44,298	1,399,004	21.0%	1,170,301	17.6%

Sources: Population interpolated from U.S. Census Bureau data consistent with data from ESRI Business Information Solutions.

**C(1).4.B. DESCRIBE THE SPECIAL NEEDS OF THE SERVICE AREA POPULATION, INCLUDING HEALTH DISPARITIES, THE ACCESSIBILITY TO CONSUMERS, PARTICULARLY THE ELDERLY, WOMEN, RACIAL AND ETHNIC MINORITIES, AND LOW-INCOME GROUPS. DOCUMENT HOW THE BUSINESS PLANS OF THE FACILITY WILL TAKE INTO CONSIDERATION THE SPECIAL NEEDS OF THE SERVICE AREA POPULATION.**

TriStar Summit Medical Center provides its acute care services to all of these groups. Hospitals in the Medicare program are required by Federal law (EMTALA) to provide all required care to any patient for whom emergency care is appropriate, when that patient presents to the hospital Emergency Room. The applicant complies with this requirement and the proposed satellite ED will also.

Table Ten on the following page shows how the Emergency Departments of this hospital and other hospitals in and near the area are financially accessible to elderly and low-income persons.

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**Table Ten: Emergency Department Payor Mix By Visits  
General Hospitals of Wilson and Davidson Counties  
CY2013**

HOSPITAL EMERGENCY DEPARTMENT	PERCENTAGE OF VISITS BY PAYOR				
	MEDICARE	MEDICAID / TENNCARE	SELF PAY	COMMERCIAL / BCBS	OTHER
University Medical Center (Wilson Co.)	16.03%	12.64%	12.95%	45.39%	13.00%
Metro Nashville General Hospital	7.99%	23.26%	52.35%	9.00%	7.40%
St. Thomas Midtown Hospital	25.23%	27.07%	17.93%	26.32%	3.45%
St. Thomas West Hospital	39.17%	11.16%	12.68%	34.04%	2.96%
TriStar Centennial Medical Center	23.34%	30.87%	13.48%	29.95%	2.37%
TriStar Skyline Medical Center	23.89%	31.76%	22.79%	18.66%	2.89%
TriStar Southern Hills Medical Center	14.98%	35.82%	27.26%	19.22%	2.72%
TriStar Summit Medical Center	21.66%	25.16%	17.77%	31.67%	3.74%
Vanderbilt University Medical Center	14.13%	35.73%	10.93%	33.64%	5.58%

Source: TN Department of Health, Joint Annual Reports of Hospitals, 2013.

**C(I).5. DESCRIBE THE EXISTING OR CERTIFIED SERVICES, INCLUDING APPROVED BUT UNIMPLEMENTED CON'S, OF SIMILAR INSTITUTIONS IN THE SERVICE AREA. INCLUDE UTILIZATION AND/OR OCCUPANCY TRENDS FOR EACH OF THE MOST RECENT THREE YEARS OF DATA AVAILABLE FOR THIS TYPE OF PROJECT. BE CERTAIN TO LIST EACH INSTITUTION AND ITS UTILIZATION AND/OR OCCUPANCY INDIVIDUALLY. INPATIENT BED PROJECTS MUST INCLUDE THE FOLLOWING DATA: ADMISSIONS OR DISCHARGES, PATIENT DAYS, AND OCCUPANCY. OTHER PROJECTS SHOULD USE THE MOST APPROPRIATE MEASURES, E.G., CASES, PROCEDURES, VISITS, ADMISSIONS, ETC.**

Hospital Emergency Departments in the Project Service Area

There is only one acute care hospital in the service area: University Medical Center ("UMC"), a Community Health Services facility in Lebanon, in central Wilson County. Its historical emergency room utilization is shown in Table Nine below. From 2011 to 2013, UMC's ED visits declined 1.4%. UMC's 2014 Joint Annual Report has not been released yet by the Tennessee Department of Health.

<b>Table Eleven: Service Area Emergency Departments' Utilization</b>				
<b>Hospital</b>	<b>2011 Patients</b>	<b>2012 Patients</b>	<b>2013 Patients</b>	<b>2014 Patients</b>
University Med. Center	28,884	30,149	28,491	NA

*Source: Joint Annual Reports, p. 38, patients presenting.*

Urgent Care Center

Minor, low acuity conditions can often be served in an urgent care center or physician's office. These are not licensed acute care facilities. They do not publicly report utilization. The applicant has provided on the next page a list of urgent care centers in the project service area, with what information is available from their websites as to hours of operation. The applicant does not know their categories or levels of staffing, or their willingness to accept payments by credit cards, or to bill by invoice, or to intentionally provide care to persons who cannot pay and have no insurance. Moreover, they are never available 24 hours daily. Also provided after the list of urgent care centers is a comparison of services that are typically available in emergency rooms and urgent care centers, a map of urgent care locations, a list of ED's in Wilson and Davidson Counties, and a list and map of the Emergency Medical Services (EMS) locations in Wilson County.

**CareSpot (TriStar)**

1705 W Main St, #211

Lebanon, TN 37087

Ph: 615-237-8982 8 A.M.- 8 P.M., 7 days/wk

**AnyCare 24**

702 S. Cumberland St.

Lebanon, TN 37087-4110

Ph: 615-444-2121; Fax: 615-547-6474 24 hrs/day, 7 days/wk

**Kids Care Walk-in Clinic & Urgent Care**

1029 West Main St., Suite O

Lebanon, TN 37087

HOURS: M-F, 8 AM to 7 PM; Sat &amp; Sun, 8 AM to 2 PM

**Community Quick Care of Lebanon**

1670 West Main Street, Suite 140

Lebanon, TN 37087

Ph: 615-453-9492; Fax: 615-453-9498

**Healthcare Clinic at Walgreens**

1303 W Main St.

Lebanon, TN 37087

Ph: 855-925-4733

**American Family Care -- Providence Clinic**

355 Pleasant Grove Road, Suite 1400

Mt. Juliet, TN 37122

Hours: 8 A.M. - 6 P.M., 7 days a week

**The Little Clinic at Kroger**

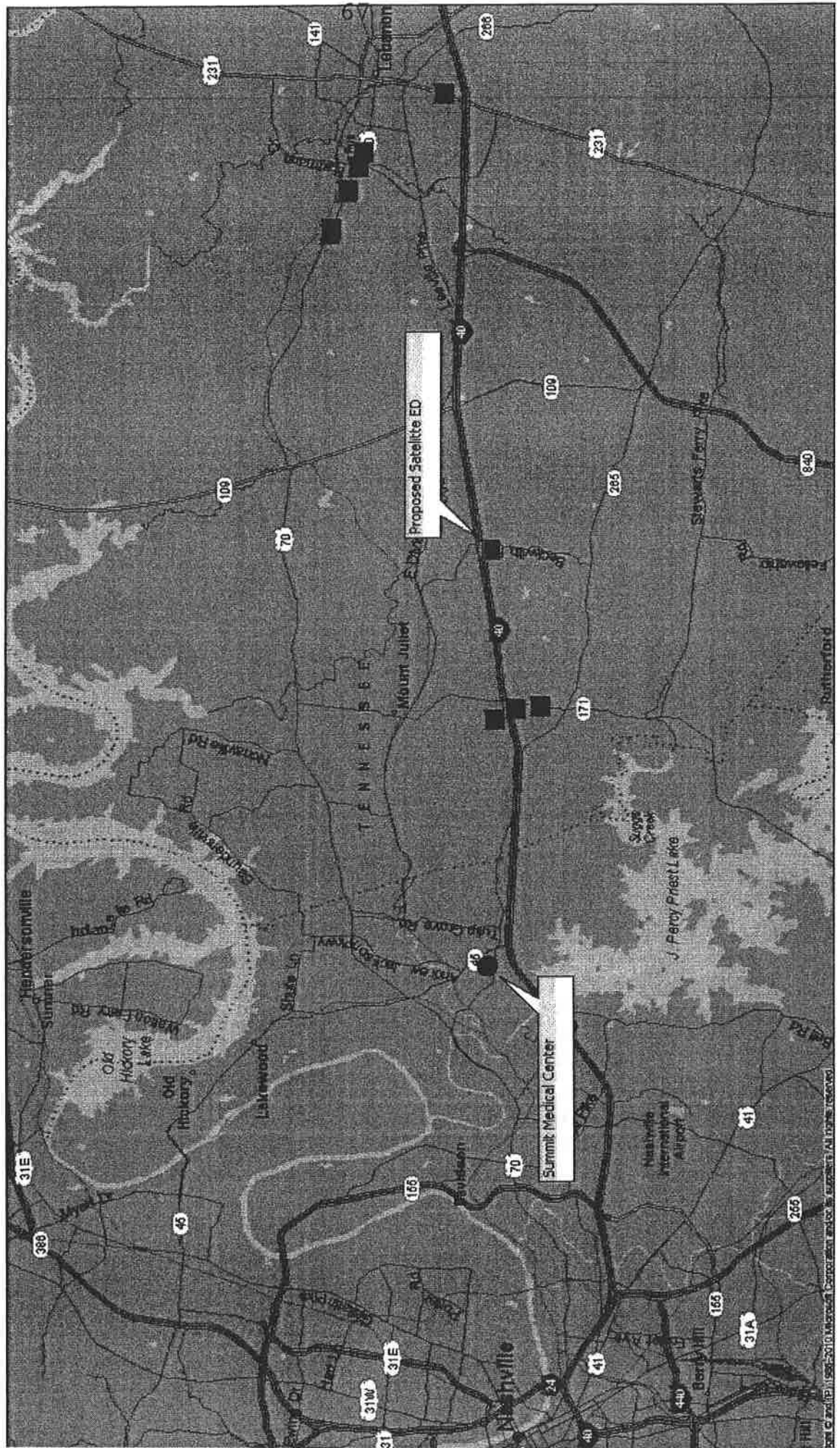
1418 Main St.,

Lebanon, TN

Ph: 615-453-7720

Hours: 8 A.M. to 7:30 P.M., M-F; 8-5 Sat.; 10-5 Sun.

## Summit Proposed FSED with Urgent Care Locations



<b>CAPABILITIES OF EMERGENCY DEPARTMENT COMPARED TO URGENT CARE CENTERS</b>			
<b>Condition/Need</b>	<b>Urgent Care</b>	<b>Summit Main ED</b>	<b>Proposed Summit Satellite ED</b>
Broken Bones		x	x
Basic Lab Services		x	x
Complex Lab Services		x	x
Basic Radiological Services	x	x	x
Complex Radiological Services		x	x
Fevers/Rashes	x	x	x
Sore Throat/ Ear Infections	x	x	x
Orthopedic Care Requiring an MRI		x	
Prescriptions Written	x	x	x
Migraines	x	x	x
Minor Burns	x	x	x
Respiratory Infections	x	x	x
X-Rays	x	x	x
Advanced Life Support		x	x
Severe Chest Pain		x	x
Deep Puncture Wounds		x	x
Traumatic Injuries		x	x
Dizziness	x	x	x
Patients in Labor with medical problems		x	x
Patients requiring surgery		x (not major trauma)	x (not major trauma)
The Flu	x	x	x
Back Pain	x	x	x
Sprains	x	x	x
Toothache	x	x	x

LOCATIONS OF WILSON AND DAVIDSON COUNTY  
EMERGENCY ROOMS

Wilson County

University Medical Center  
1411 Baddour Parkway  
Lebanon, TN 37087

Davidson County

Metropolitan Nashville General Hospital  
1818 Albion Street  
Nashville, TN 37208

St. Thomas Midtown Hospital  
2000 Church Street  
Nashville, TN 37236

Saint Thomas West Hospital  
4220 Harding Road  
Nashville, TN 37205

TriStar Centennial Medical Center  
2300 Patterson Street  
Nashville, TN 37203

TriStar Skyline Medical Center  
3441 Dickerson Pike  
Nashville, TN 37207

TriStar Summit Medical Center  
391 Wallace Road  
Nashville, TN 37211

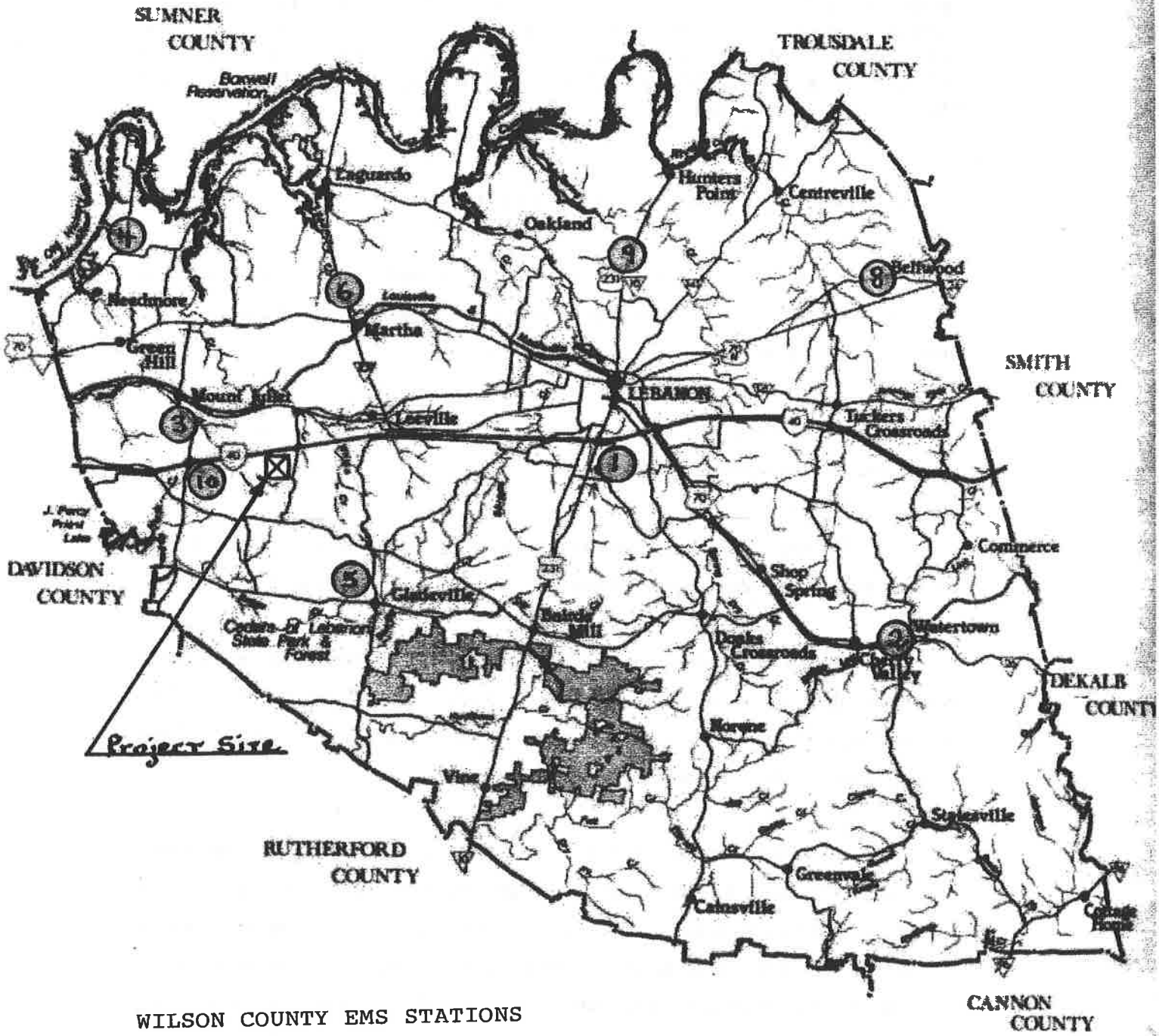
TriStar Summit Medical Center  
5655 Frist Blvd  
Hermitage, TN 37076

Vanderbilt University Medical Center  
1161 21st Ave. South  
Nashville, TN 37232

**LOCATIONS OF WILSON COUNTY  
EMERGENCY MEDICAL SERVICES STATIONS**

Wilson County has the following EMS ambulance stations. Station 7 has a firetruck but not an ambulance, and is not listed.

<u>Station</u>	<u>Street Address</u>	<u>Community</u>	<u>Zip Code</u>
Station 1	371 Maddox Simpson Parkway	Lebanon	37090
Station 2	160B Statesville Road	Watertown	37184
Station 3	69 East Hill Street	Mt. Juliet	37122
Station 4	6171 Saundersville Road	Mt. Juliet	37122
Station 5	8814 Stewarts Ferry Pike	Gladeville	37122
Station 6	5873 Highway 109 North	LaGuardo	37122
Station 8	5424 Carthage Highway	Lebanon	37087
Station 9	40 Rutledge Lane	Lebanon	37087
Station 10	100 Belinda Parkway	Mount Juliet	37122



**C(1).6. PROVIDE APPLICABLE UTILIZATION AND/OR OCCUPANCY STATISTICS FOR YOUR INSTITUTION FOR EACH OF THE PAST THREE (3) YEARS AND THE PROJECTED ANNUAL UTILIZATION FOR EACH OF THE TWO (2) YEARS FOLLOWING COMPLETION OF THE PROJECT. ADDITIONALLY, PROVIDE THE DETAILS REGARDING THE METHODOLOGY USED TO PROJECT UTILIZATION. THE METHODOLOGY MUST INCLUDE DETAILED CALCULATIONS OR DOCUMENTATION FROM REFERRAL SOURCES, AND IDENTIFICATION OF ALL ASSUMPTIONS.**

**A. Utilization of the TriStar Summit Emergency Department**

Table Twelve-A and -B below provide historic and projected visits to TriStar Summit Medical Center's main ED and its proposed satellite ED. The following points summarize the data and the projection methodology.

1. The utilization of the *satellite ED* from 2017-2021, shown in Table Twelve-B, line B, was projected by the following steps:

a. The applicant's experience with satellite ED's indicates that typically 80% of its visits will originate from within its home zip code and two contiguous zip codes.

b. The satellite in this project will be on a high-speed interstate highway directly connecting the satellite to the main Summit campus. So the hospital applied a 75% satellite "capture" factor to the main campus ED's 2013 visits from zip codes 37087 and 37090, to estimate the satellite's visits from those two zip codes.

c. For nearby zip code 37122, in which Summit has by far the highest market share of all ED visits, the hospital assumed that 67% of its main campus visits would elect to go to the satellite, with 33% remaining at the main campus. This was based on the fact that in this very large zip code, some residents may be closer in drive time to the main campus at the time their emergency event occur--while driving through, or suffering workplace injuries, or involved in recreation, shopping, or visiting other's homes.

d. The remaining 20% of satellite ED visits would come from many unidentified zip codes, as they do for the main campus ED. It was not assumed that any one of these

would contribute as much as 5% of satellite visits. These are most likely to be persons who do not live close to Mount Juliet, but would go to an ED after having traffic accidents in the area, or suffering workplace injuries in the area, or being closer to Mount Juliet for other reasons such as recreation, shopping, and visiting area residents.

2. The community demand at the main campus ED, which was projected in Table Four above (see Section B.II.D), will be reduced in CY2017 when the Mt. Juliet satellite ED opens, because many patients who would otherwise go to the main campus will be going instead to the satellite location. TriStar Summit management estimates that 40% of the satellite's visits will be these "shifted" patients. So to determine what will remain at the main campus, the applicant subtracted those shifted visits (40% of the satellite's visits) from the Table Four projection of Summit's projected visits in CY2017-2021. That calculation is shown in Table Twelve-A, whose third line are visits remaining at the main campus ED.

3. Those remaining main campus visits were then put into line A of Table Twelve-B as the main campus utilization in CY 2017-2021 with a satellite facility open in Mount Juliet. Treatment room complements were added throughout the table. A spreadsheet formula calculated utilization per room for the main ED, the satellite ED, and the combined ED's.

4. In the first year of the satellite's operation (CY2017), it is projected to have 10,132 visits, or 1,267 per treatment room. Within five years (CY2021) its utilization will increase to 12,316 visits, or 1,540 per treatment room.

5. In the first year of its satellite's operation (CY2017), the main campus ED is projected to decline in utilization to 58,445 visits, which will be an average of 1,885 visits per treatment room--still a high degree of utilization. By CY2021, the main ED will have 65,650 visits and will be averaging 2,118 visits per treatment room.

6. Together, the two ED sites will have utilization of 1,758 visits per room in CY2017; and that will increase to 1,999 visits per room in CY2021. Additional expansions of ED capacity will be considered beyond CY2021, if deemed to be needed by the communities that this hospital serves.

Table Twelve-A: Satellite Impact on Main Campus ED Visits					
Yr 1-2017	Yr 2-2018	Yr 3-2019	Yr 4-2020	Yr 5-2021	
62,498	64,373	66,304	68,293	70,342	
4,053	4,256	4,468	4,692	4,692	
58,445	60,117	61,835	63,601	65,650	

Note: 40% of Satellite visits will be patients who otherwise would utilize Summit's Main ED.

Projected Main ED Visits (Table Four)  
Minus Visits Moving to Satellite ED  
Remaining Main Campus ED Visits

Table Twelve-B: TriStar Summit Medical Center Emergency Department Actual and Projected Visits CY2010-CY2021--With Proposed Mt. Juliet Satellite ED Open in CY2017 Distribution of Visits Between Main and Satellite Emergency Departments												
Year:	ACTUAL						PROJECTED					
	2010	2011	2012	2013	2014	Ann'd 2015	2016	Year 1 2017	Year 2 2018	Year 3 2019	Year 4 2020	Year 5 2021
A	46,621 31 1,504	47,191 31 1,522	52,870 31 1,705	51,552 31 1,663	55,154 31 1,779	58,910 31 1,900	60,677 31 1,957	58,445 31 1,885	60,117 31 1,939	61,835 31 1,995	63,601 31 2,052	65,650 31 2,118
Main Campus Visits												
Main Campus Rooms												
Main Campus Visits/Room												
B								10,132 8 1,267	10,639 8 1,330	11,171 8 1,396	11,729 8 1,466	12,316 8 1,540
Satellite Visits												
Satellite Rooms												
Satellite Visits Per Room												
C	46,621 31 1,504	47,191 31 1,522	52,870 31 1,705	51,552 31 1,663	55,154 31 1,779	58,910 31 1,900	60,677 31 1,957	68,577 31 1,758	70,756 31 1,814	73,006 31 1,872	75,330 31 1,932	77,966 31 1,999
Total Visits												
Total Rooms												
Total Visits Per Room												

Sources: Hospital Records and Management Projections; and Table Four.

Table Twelve-A: Satellite Impact on Main Campus ED Visits					
Yr 1-2017	Yr 2-2018	Yr 3-2019	Yr 4-2020	Yr 5-2021	
62,498	64,373	66,304	68,293	70,342	
4,053	4,256	4,468	4,692	4,692	
58,445	60,117	61,835	63,601	65,650	

Note: 40% of Satellite visits will be patients who otherwise would utilize Summit's Main ED.

Projected Main ED Visits (Table Four)  
 Minus Visits Moving to Satellite ED  
 Remaining Main Campus ED Visits

Table Twelve-B (Revised on Supplemental): TriStar Summit Medical Center Emergency Department Actual and Projected Visits CY2010-CY2021--With Proposed Mt. Juliet Satellite ED Open in CY2017 Distribution of Visits Between Main and Satellite Emergency Departments													
	Year:	ACTUAL					PROJECTED						
		2010	2011	2012	2013	2014	Ann'd 2015	2016	Year 1 2017	Year 2 2018	Year 3 2019	Year 4 2020	Year 5 2021
A													
	Main Campus Visits	46,634	47,981	52,870	52,530	55,154	58,910	60,677	58,445	60,117	61,835	63,601	65,650
	Main Campus Rooms	31	31	31	31	31	31	31	31	31	31	31	
	Main Campus Visits/Room	1,504	1,548	1,705	1,695	1,779	1,900	1,957	1,885	1,939	1,995	2,052	2,118
B													
	Satellite Visits								10,132	10,639	11,171	11,729	12,316
	Satellite Rooms								8	8	8	8	8
	Satellite Visits Per Room								1,267	1,330	1,396	1,466	1,540
C													
	Total Visits	46,621	47,191	52,870	51,552	55,154	58,910	60,677	68,577	70,756	73,006	75,330	77,966
	Total Rooms	31	31	31	31	31	31	31	39	39	39	39	39
	Total Visits Per Room	1,504	1,522	1,705	1,663	1,779	1,900	1,957	1,758	1,814	1,872	1,932	1,999

Sources: Hospital Records and Management Projections; and Table Four.

Table Twelve-C below shows the projected distribution of visits by acuity level at both the main and the satellite ED locations through Year One. The following page provides definitions of acuity levels for triage purposes. Level Five is the highest acuity level.

<b>Table Twelve-C: Summit Medical Center Emergency Department Distribution of Visits By Acuity Level</b>						
	<b>Main ED</b>	<b>Main ED</b>	<b>Main ED</b>	<b>Main ED</b>	<b>Satellite</b>	<b>Combined</b>
<b>Level of Care</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>Yr 1</b>	<b>ED Yr 1</b>	<b>Yr 1</b>
I	10,999	12,208	12,574	12,113	496	12,609
II	18,433	19,565	20,152	19,410	2,877	22,287
III	22,641	24,039	24,760	23,849	5,857	29,705
IV	2,396	2,258	2,326	2,240	831	3,071
V (highest acuity)	685	840	865	833	71	904
Totals	<b>55,154</b>	<b>58,910</b>	<b>60,677</b>	<b>58,445</b>	<b>10,132</b>	<b>68,577</b>
				<b>Main ED</b>	<b>Satellite</b>	<b>Combined</b>
				<b>Yr 2</b>	<b>ED Yr 2</b>	<b>Yr 2</b>
I				12,458	521	12,979
II				19,966	3,022	22,988
III				24,531	6,150	30,681
IV				2,305	872	3,177
V (highest acuity)				857	74	931
Totals				<b>60,117</b>	<b>10,639</b>	<b>70,756</b>

**DEFINITIONS OF ACUITY  
USED BY TRISTAR SUMMIT MEDICAL CENTER ED  
FOR TRIAGE**

I. (Non-Urgent): Condition requires no ED resources. Appropriate patients for care in a fast track area.

*Vital Signs: Once only unless condition changes and upon discharge; if stay in the ED exceeds 90 minutes or if any vital signs were abnormal upon arrival.*

II. (Less-urgent) Condition requires one resource for a disposition decision to be reached. These patients may safely wait for evaluation. Routine care is required. Care can be delayed for patient to be treated with more acute problems. Appropriate patients for care in a fast track area.

*Vital Signs: Only once unless condition changes and upon discharge; if stay in the ED exceeds 90 minutes or if any vital signs were abnormal upon arrival.*

III. (Urgent) These patients require 2 or more resources (labs, EKG, X-ray, IV Fluids) for a disposition decision to be reached. The patient is stable for the interim but requires emergency department resources...

*Vital Signs: Upon triage then every hour if one or more vital sign fall out of normal parameter. Otherwise as condition warrants.*

IV. (Emergent) Condition requires expeditious treatment. These patients have potential threat of loss of life, organ, limb or vision and should be seen as soon as possible in the ED or any other appropriate safe environment.

*Vital signs: Upon arrival and then q5 – 15 minutes until stable. Then every 30 minutes X 2, then every hour and PRN as warranted by the patient's condition.*

V. (Resuscitation) These patients have an immediate problem within primary survey components. They present with no airway, breathing, and circulation or are unresponsive. Reassessment is continuous.

*Vital Signs: Upon arrival and then q5 – 15 minutes until stable. Then every 30 minutes x 2, then every hour and PRN as warranted by the patient's condition.*

**C(II)1. PROVIDE THE COST OF THE PROJECT BY COMPLETING THE PROJECT COSTS CHART ON THE FOLLOWING PAGE. JUSTIFY THE COST OF THE PROJECT.**

- ALL PROJECTS SHOULD HAVE A PROJECT COST OF AT LEAST \$3,000 ON LINE F (MINIMUM CON FILING FEE). CON FILING FEE SHOULD BE CALCULATED ON LINE D.

- THE COST OF ANY LEASE (BUILDING, LAND, AND/OR EQUIPMENT) SHOULD BE BASED ON FAIR MARKET VALUE OR THE TOTAL AMOUNT OF THE LEASE PAYMENTS OVER THE INITIAL TERM OF THE LEASE, WHICHEVER IS GREATER. NOTE: THIS APPLIES TO ALL EQUIPMENT LEASES INCLUDING BY PROCEDURE OR "PER CLICK" ARRANGEMENTS. THE METHODOLOGY USED TO DETERMINE THE TOTAL LEASE COST FOR A "PER CLICK" ARRANGEMENT MUST INCLUDE, AT A MINIMUM, THE PROJECTED PROCEDURES, THE "PER CLICK" RATE AND THE TERM OF THE LEASE.

- THE COST FOR FIXED AND MOVEABLE EQUIPMENT INCLUDES, BUT IS NOT NECESSARILY LIMITED TO, MAINTENANCE AGREEMENTS COVERING THE EXPECTED USEFUL LIFE OF THE EQUIPMENT; FEDERAL, STATE, AND LOCAL TAXES AND OTHER GOVERNMENT ASSESSMENTS; AND INSTALLATION CHARGES, EXCLUDING CAPITAL EXPENDITURES FOR PHYSICAL PLANT RENOVATION OR IN-WALL SHIELDING, WHICH SHOULD BE INCLUDED UNDER CONSTRUCTION COSTS OR INCORPORATED IN A FACILITY LEASE.

- FOR PROJECTS THAT INCLUDE NEW CONSTRUCTION, MODIFICATION, AND/OR RENOVATION; DOCUMENTATION MUST BE PROVIDED FROM A CONTRACTOR AND/OR ARCHITECT THAT SUPPORT THE ESTIMATED CONSTRUCTION COSTS.

The architect's letter supporting the construction cost estimate is provided in Attachment C, Economic Feasibility--1. On the Project Costs Chart, following this response, all costs were estimated by HCA's Design and Construction staff.

<b>PROPOSED EQUIPMENT COSTING \$50,000 OR MORE PER UNIT</b>		
<b>Type</b>	<b>Example / Model</b>	<b>Estimated Price</b>
CT Scanner	GE Optima CT 660	\$386,000
Rad/Fluoro Room	GE Proteus Rad Room	\$148,000
Mobile Digital X-Ray	GE AMX 4+ Portable	\$112,000
Ultrasound Unit	GE LOGIQ	\$86,000

# PROJECT COSTS CHART--TRISTAR SUMMIT SATELLITE EMERGENCY DEPARTMENT AT MT JULIET

## A. Construction and equipment acquired by purchase:

1. Architectural and Engineering Fees	9%	\$	379,000
2. Legal, Administrative, Consultant Fees (Excl CON Filing Fee)			50,000
3. Acquisition of Site			1,400,000
4. Preparation of Site			1,500,000
5. Construction Cost	11,248 SF		4,210,400
6. Contingency Fund			685,300
7. Fixed Equipment (Not included in Construction Contract)			1,700,000
8. Moveable Equipment (List all equipment over \$50,000)			
9. Other (Specify)	IS / Telecommunications		650,000
	Preplanning, bldg fees, testing		272,000

## B. Acquisition by gift, donation, or lease:

1. Facility (inclusive of building and land)		0
2. Building only		0
3. Land only		0
4. Equipment (Specify)		0
5. Other (Specify)		0

## C. Financing Costs and Fees:

1. Interim Financing	235,000
2. Underwriting Costs	0
3. Reserve for One Year's Debt Service	0
4. Other (Specify)	0

## D. Estimated Project Cost (A+B+C)

11,081,700

## E. CON Filing Fee

24,934

## F. Total Estimated Project Cost (D+E)

TOTAL \$ 11,106,634

Actual Capital Cost 11,106,634  
Section B FMV 0

**C(II).2. IDENTIFY THE FUNDING SOURCES FOR THIS PROJECT.**

**a. PLEASE CHECK THE APPLICABLE ITEM(S) BELOW AND BRIEFLY SUMMARIZE HOW THE PROJECT WILL BE FINANCED. (DOCUMENTATION FOR THE TYPE OF FUNDING MUST BE INSERTED AT THE END OF THE APPLICATION, IN THE CORRECT ALPHANUMERIC ORDER AND IDENTIFIED AS ATTACHMENT C, ECONOMIC FEASIBILITY--2).**

       **A. Commercial Loan--Letter from lending institution or guarantor stating favorable initial contact, proposed loan amount, expected interest rates, anticipated term of the loan, and any restrictions or conditions;**

       **B. Tax-Exempt Bonds--copy of preliminary resolution or a letter from the issuing authority, stating favorable contact and a conditional agreement from an underwriter or investment banker to proceed with the issuance;**

       **C. General Obligation Bonds--Copy of resolution from issuing authority or minutes from the appropriate meeting;**

       **D. Grants--Notification of Intent form for grant application or notice of grant award;**

  X   **E. Cash Reserves--Appropriate documentation from Chief Financial Officer; or**

       **F. Other--Identify and document funding from all sources.**

The capital expenditure required is the total project cost on Line F of the Project Cost Chart.

All of the funds required to implement the project will be provided in the form of a cash transfer from HCA Holdings, Inc., through its Division office, TriStar Health System. The financial statements of HCA Holdings, Inc. are provided in the Attachments to the application.

The availability of the required capital is assured by a letter in the Attachments from the TriStar Division of HCA.

**C(II).3. DISCUSS AND DOCUMENT THE REASONABLENESS OF THE PROPOSED PROJECT COSTS. IF APPLICABLE, COMPARE THE COST PER SQUARE FOOT OF CONSTRUCTION TO SIMILAR PROJECTS RECENTLY APPROVED BY THE HSDA.**

Hospital construction projects approved by the HSDA during 2010-2013 proposed the following construction costs per SF:

<b>Table Three-A (REPEATED): CON Approved Projects--Hospital Construction Cost PSF Years 2012-2014</b>			
	<b>Renovated Construction</b>	<b>New Construction</b>	<b>Total Construction</b>
1 <sup>st</sup> Quartile	\$110.98/sq ft	\$224.09/sq ft	\$156.78/sq ft
Median	\$192.46/sq ft	\$259.66/sq ft	\$227.88/sq ft
3 <sup>rd</sup> Quartile	\$297.82/sq ft	\$296.52/sq ft	\$298.66/sq ft

*Source: HSDA Registry; CON approved applications for years 2012 through 2014.*

This project's new construction cost exceeds the above averages:

<b>Table Three-B (REPEATED): This Project's Construction Costs</b>			
	<b>Renovation</b>	<b>New Construction</b>	<b>Total Project</b>
Square Feet	0	11,248	11,248
Construction Cost	0	\$4,210,400	\$4,210,400
Constr. Cost PSF	0	\$374.32	\$374.32

However, its construction cost is appropriate for several reasons.

First, the facility is very small; and such small projects usually show a relatively high cost per SF compared to larger projects, because larger projects spread site mobilization and related costs over a larger square footage, when calculating costs PSF.

Second, this project's construction cost will be incurred primarily in CY 2016, which is three years later than the midpoint year of the HSDA Registry cost averages. Increased cost of construction should be expected over a three-year period.

Third, this project's cost estimate is based on current FSED costs in other States where the applicant's development team is building this type of facility.

**C(II).4. COMPLETE HISTORICAL AND PROJECTED DATA CHARTS ON THE FOLLOWING TWO PAGES--DO NOT MODIFY THE CHARTS PROVIDED OR SUBMIT CHART SUBSTITUTIONS. HISTORICAL DATA CHART REPRESENTS REVENUE AND EXPENSE INFORMATION FOR THE LAST THREE (3) YEARS FOR WHICH COMPLETE DATA IS AVAILABLE FOR THE INSTITUTION. PROJECTED DATA CHART REQUESTS INFORMATION FOR THE TWO YEARS FOLLOWING COMPLETION OF THIS PROPOSAL. PROJECTED DATA CHART SHOULD INCLUDE REVENUE AND EXPENSE PROJECTIONS FOR THE PROPOSAL ONLY ...**

See the following pages. The applicant has provided four charts, with notes pages itemizing Other Revenues and Other Expenses for the four charts. The charts are:

1. Historical Data Chart for TriStar Summit Medical Center.
2. Historical Data Chart for TriStar Summit Emergency Department.
3. Projected Data Chart for TriStar Summit Emergency Department at Mount Juliet
4. Projected Data Chart for the TriStar Summit Consolidated Emergency Department (Main Campus and Satellite Emergency Departments combined).

**August 28, 2015****4:18 pm**

**HISTORICAL DATA CHART--SUMMIT MEDICAL CENTER  
(REVISED ON SUPPLEMENTAL)**

Give information for the last three (3) years for which complete data are available for the facility or agency.  
The fiscal year begins in January.

		<b>Year 2012</b>	<b>Year 2013</b>	<b>Year 2014</b>
A.	Utilization Data			
	Admissions	10,737	10,598	10,552
	Patient Days	42,673	43,019	45,024
	Total Days Including Observation	52,062	53,033	55,841
B.	Revenue from Services to Patients			
1.	Inpatient Services	\$ 419,876,431	471,116,152	518,651,641
2.	Outpatient Services	277,624,464	313,817,163	377,285,290
3.	Emergency Services	58,231,463	69,312,426	81,197,259
4.	Other Operating Revenue	3,098,445	2,291,519	2,416,797
	(Specify) See notes			
	<b>Gross Operating Revenue</b>	<b>\$ 758,830,803</b>	<b>\$ 856,537,260</b>	<b>\$ 979,550,987</b>
C.	Deductions for Operating Revenue			
1.	Contractual Adjustments	\$ 525,148,823	615,134,716	693,635,773
2.	Provision for Charity Care	5,390,825	5,797,935	7,801,596
3.	Provisions for Bad Debt	60,246,469	58,793,735	91,896,230
	<b>Total Deductions</b>	<b>\$ 590,786,117</b>	<b>\$ 679,726,386</b>	<b>\$ 793,333,599</b>
	<b>NET OPERATING REVENUE</b>	<b>\$ 168,044,686</b>	<b>\$ 176,810,874</b>	<b>\$ 186,217,388</b>
D.	Operating Expenses			
1.	Salaries and Wages	\$ 44,289,349	45,542,436	48,093,791
2.	Physicians Salaries and Wages	0	0	0
3.	Supplies	24,856,680	27,242,548	28,874,582
4.	Taxes	1,339,041	1,304,870	1,303,418
5.	Depreciation	7,489,453	7,010,478	7,327,483
6.	Rent	1,711,583	1,909,577	2,250,982
7.	Interest, other than Capital	249,857	252,138	231,623
8.	Management Fees			
	a. Fees to Affiliates	9,701,320	11,618,245	12,167,853
	b. Fees to Non-Affiliates	0	0	0
9.	Other Expenses (See notes)	60,000,150	62,218,034	64,953,948
	<b>Total Operating Expenses</b>	<b>\$ 149,637,433</b>	<b>157,098,326</b>	<b>165,203,680</b>
E.	Other Revenue (Expenses) -- Net (Specify)	\$	\$	\$ 0
	<b>NET OPERATING INCOME (LOSS)</b>	<b>\$ 18,407,253</b>	<b>\$ 19,712,548</b>	<b>\$ 21,013,708</b>
F.	Capital Expenditures			
1.	Retirement of Principal	\$	\$	\$
2.	Interest			
	<b>Total Capital Expenditures</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>
	<b>NET OPERATING INCOME (LOSS)</b>			
	<b>LESS CAPITAL EXPENDITURES</b>	<b>\$ 18,407,253</b>	<b>\$ 19,712,548</b>	<b>\$ 21,013,708</b>

**Notes for Other Operating Revenue**  
**Historic Data Chart--TriStar Summit Medical Center**

	Year 2012	Year 2013	Year 2014
Fitness Center Dues	6,080	5,430	4,305
Cafeteria Sales	611,000	666,001	763,608
Cafeteria Catering Sales	6,630	0	293
Vending Machine Income	3,915	3,887	4,346
Other Income - Recycling	1,670	0	351
Transcription Fees	0	0	1,303
Xray Film Copies	886	755	1,110
Rental/Lease Income	69,478	74,695	75,658
Lease Income - Pediatrix	1,794	1,176	0
Lease Income - Dube MRI Block Lease	148,655	133,008	132,654
Lactation Pump Rental	36,996	29,438	20,755
Donations & Gifts - HRSA	12,358	24,169	6,192
Other Rental Income	0	0	0
Phys Therapy Cancel Fee TES	0	36	0
Voluntary Paternity Program	5,620	4,070	12,363
T-Mobile Tower Space Lease	21,432	24,829	25,831
NSQIP Grant	60,000	60,000	60,000
Child Birth Education	12,060	11,165	7,610
Plant Operations Labor Allocation - Holladay	(6,121)	(9,007)	(21,688)
Plant Operations Labor Allocation - ASC	15,953	12,560	16,797
Plant Operations Labor Allocation - Lebanon/MJ	2,494	1,735	19
Pharmacy Student Orientation Income	0	20,400	8,550
Lab Surveillance Honorarium	1,800	1,800	1,800
Medical Staff Dues	19,300	19,700	34,300
Other Income - Education	523	35	81
Lease Income - MOB Suite 455/555	108,011	89,472	74,218
<b>Subtotal Other Revenue</b>	<b>1,140,534</b>	<b>1,175,354</b>	<b>1,230,456</b>
Essential Access/DSH Pymt	887,998	798,420	720,555
Amerigroup Settlement	72,911	0	0
Medicare PY Contractual	858,838	252,233	399,641
Champus PY Contractual	138,164	65,512	66,145
TNCare FMAP Pool Distribution	0		
<b>Subtotal PY Contractuals</b>	<b>1,957,911</b>	<b>1,116,165</b>	<b>1,186,341</b>
<b>Total Other Operating Revenue</b>	<b>3,098,445</b>	<b>2,291,519</b>	<b>2,416,797</b>

**Notes for Other Operating Expenses**  
**Historic Data Chart--TriStar Summit Medical Center**

	Year 2012	Year 2013	Year 2014
Employee Benefits	\$ 12,541,770.00	\$ 12,437,834.00	\$ 12,529,939.00
Pro Fees	\$ 3,777,745.00	\$ 3,921,344.00	\$ 4,239,857.00
Ancillary Clinical Services	\$ 27,812,782.00	\$ 30,509,488.00	\$ 30,907,878.00
Contract Services (all)	\$ 15,867,853.00	\$ 15,259,368.00	\$ 17,276,274.00
<b>Total</b>	<b>\$ 60,000,150.00</b>	<b>\$ 62,128,034.00</b>	<b>\$ 64,953,948.00</b>
Management Fee	\$ 9,701,320.00	\$ 11,618,245.00	\$ 12,167,853.00

# **HISTORIC DATA CHART--SUMMIT MEDICAL CENTER EMERGENCY DEPARTMENT**

Give information for the last three (3) years for which complete data are available for the facility or agency.  
The fiscal year begins in January.

	Year 2012	Year 2013	Year 2014
Patients	52,870	51,552	55,154
A. Utilization Data Admissions			
B. Revenue from Services to Patients			
1. Inpatient Services			
2. Outpatient Services			
3. Emergency Services	\$ 159,976,310	\$ 190,255,118	\$ 238,697,938
4. Other Operating Revenue			
(Specify) <u>See notes</u>			
Gross Operating Revenue	\$ 159,976,310	\$ 190,255,118	\$ 238,697,938
C. Deductions for Operating Revenue			
1. Contractual Adjustments	\$ 113,521,167	\$ 137,637,176	\$ 177,405,950
2. Provision for Charity Care	\$ 1,276,817	\$ 1,548,060	\$ 1,995,355
3. Provisions for Bad Debt	\$ 15,039,835	\$ 18,234,840	\$ 23,503,600
Total Deductions	\$ 129,837,819	\$ 157,420,076	\$ 202,904,905
NET OPERATING REVENUE	\$ 30,138,491	\$ 32,835,042	\$ 35,793,033
D. Operating Expenses			
1. Salaries and Wages	\$ 7,932,946	\$ 8,397,059	\$ 9,067,911
2. Physicians Salaries and Wages	\$ -	\$ -	\$ -
3. Supplies	\$ 2,163,804	\$ 2,478,529	\$ 2,804,008
4. Taxes	\$ 240,154	\$ 242,255	\$ 250,531
5. Depreciation			
6. Rent	\$ 122,522	\$ 133,220	\$ 141,573
7. Interest, other than Capital			
8. Management Fees			
a. Fees to Affiliates	\$ 1,739,913	\$ 2,156,981	\$ 2,338,795
b. Fees to Non-Affiliates			
9. Other Expenses (Specify) <u>See notes</u>	\$ 16,190,657	\$ 17,599,072	\$ 19,259,950
Total Operating Expenses	\$ 28,389,996	\$ 31,007,116	\$ 33,862,769
E. Other Revenue (Expenses) -- Net (Specify)			
NET OPERATING INCOME (LOSS)	\$ 1,748,495	\$ 1,827,926	\$ 1,930,264
F. Capital Expenditures			
1. Retirement of Principal			
2. Interest			
Total Capital Expenditures	\$ -	\$ -	\$ -
NET OPERATING INCOME (LOSS)	\$ 1,748,495	\$ 1,827,926	\$ 1,930,264
LESS CAPITAL EXPENDITURES			

**Notes for Other Operating Expenses**  
**TriStar Summit Medical Center Emergency Department**

	<b>Year 2012</b>		<b>Year 2013</b>		<b>Year 2014</b>
Employee Benefits	\$ 2,141,895.42		\$ 2,267,205.93		\$ 2,448,335.97
Pro Fees	\$ 1,407,949.00		\$ 1,487,313.00		\$ 1,754,554.00
Ancillary Clinical Services	\$ 12,055,396.40		\$ 13,134,016.80		\$ 14,317,213.20
Contract Services (all)	\$ 124,042.00		\$ 129,847.00		\$ 164,882.00
Repairs and Maintenance	\$ 461,374.00		\$ 580,689.00		\$ 447,846.00
Marketing	\$ -		\$ -		\$ 127,119.00
<b>Total</b>	<b>\$ 16,190,656.82</b>		<b>\$ 17,599,071.73</b>		<b>\$ 19,259,950.17</b>

# PROJECTED DATA CHART – SUMMIT MEDICAL CENTER SATELITTE ED

Give information for the two (2) years following the completion of this proposal.

The fiscal year begins in January.

	Year 2017	Year 2018
Patients Treated	10,132	10,639
<b>B. Revenue from Services to Patients</b>		
1. Inpatient Services		
2. Outpatient Services		
3. Emergency Services	\$ 46,963,051	\$ 49,681,409
4. Other Operating Revenue		
(Specify) <u>See notes</u>		
<b>Gross Operating Revenue</b>	\$ 46,963,051	\$ 49,681,409
<b>C. Deductions for Operating Revenue</b>		
1. Contractual Adjustments	\$ 35,163,519	\$ 37,127,422
2. Provision for Charity Care	\$ 395,498	\$ 417,587
3. Provisions for Bad Debt	\$ 4,658,633	\$ 4,918,821
<b>Total Deductions</b>	\$ 40,217,650	\$ 42,463,830
<b>NET OPERATING REVENUE</b>	\$ 6,745,401	\$ 7,217,579
<b>D. Operating Expenses</b>		
1. Salaries and Wages	\$ 2,698,000	\$ 2,778,940
2. Physicians Salaries and Wages		
3. Supplies	\$ 515,107	\$ 540,883
4. Taxes	\$ 46,024	\$ 48,327
5. Depreciation		\$ -
6. Rent	\$ 26,007	\$ 27,309
7. Interest, other than Capital		
8. Management Fees	\$ 389,416	\$ 474,133
a. Fees to Affiliates		
b. Fees to Non-Affiliates		
9. Other Expenses (Specify) <u>See notes</u>	\$ 3,035,598	\$ 3,233,187
<b>Total Operating Expenses</b>	\$ 6,710,152	\$ 7,102,778
<b>E. Other Revenue (Expenses) -- Net (Specify)</b>	\$ 35,249	\$ 114,801
<b>NET OPERATING INCOME (LOSS)</b>		
<b>F. Capital Expenditures</b>		
1. Retirement of Principal		
2. Interest		
<b>Total Capital Expenditures</b>	\$ -	\$ -
<b>NET OPERATING INCOME (LOSS)</b>		
<b>LESS CAPITAL EXPENDITURES</b>	\$ 35,249	\$ 114,801

**Notes for Other Operating Expenses**  
**Projected Data Chart--TriStar Summit Medical Center Satellite ED at Mt. Juliet**

	<b>Year 2017</b>		<b>Year 2018</b>
Employee Benefits	\$ 620,540.00	\$	639,156.20
Pro Fees	\$ 276,717.47	\$	286,897.11
Ancillary Clinical Services	\$ 2,023,620.30	\$	2,165,273.72
Contract Services (all)	\$ 24,042.00	\$	29,847.00
Repairs and Maintenance	\$ 90,678.18	\$	112,012.73
Marketing	\$ -	\$	-
<b>Total</b>	<b>\$ 3,035,597.95</b>	<b>\$</b>	<b>3,233,186.76</b>

# PROJECTED DATA CHART -- SUMMIT MEDICAL CENTER ED

Give information for the two (2) years following the completion of this proposal.

The fiscal year begins in January.

	Year 2017	Year 2018
Patients	58,445	60,117
<b>B. Revenue from Services to Patients</b>		
1. Inpatient Services		
2. Outpatient Services		
3. Emergency Services	\$ 271,682,952	\$ 280,730,771
4. Other Operating Revenue	\$ -	\$ -
(Specify) <u>See notes</u>	\$ -	\$ -
<b>Gross Operating Revenue</b>	\$ 271,682,952	\$ 280,730,771
<b>C. Deductions for Operating Revenue</b>	\$ -	\$ -
1. Contractual Adjustments	\$ 204,378,510	\$ 211,340,511
2. Provision for Charity Care	\$ 2,298,726	\$ 2,377,030
3. Provisions for Bad Debt	\$ 27,077,056	\$ 27,999,416
<b>Total Deductions</b>	\$ 233,754,291	\$ 241,716,957
<b>NET OPERATING REVENUE</b>	\$ 37,928,660	\$ 39,013,814
<b>D. Operating Expenses</b>		
1. Salaries and Wages	\$ 9,608,957	\$ 9,883,873
2. Physicians Salaries and Wages	\$ -	\$ -
3. Supplies	\$ 2,971,312	\$ 3,056,322
4. Taxes	\$ 265,479	\$ 273,075
5. Depreciation	\$ -	\$ -
6. Rent	\$ 150,020	\$ 154,312
7. Interest, other than Capital	\$ -	\$ -
8. Management Fees	\$ -	\$ -
a. Fees to Affiliates	\$ 2,478,342	\$ 2,549,248
b. Fees to Non-Affiliates	\$ -	\$ -
9. Other Expenses (Specify) <u>See notes</u>	\$ 20,121,585	\$ 20,580,126
<b>Total Operating Expenses</b>	\$ 35,595,696	\$ 36,496,957
<b>E. Other Revenue (Expenses) -- Net (Specify)</b>	\$ -	\$ -
<b>NET OPERATING INCOME (LOSS)</b>	\$ 2,332,964	\$ 2,516,857
<b>F. Capital Expenditures</b>	\$ -	\$ -
1. Retirement of Principal	\$ -	\$ -
2. Interest	\$ -	\$ -
<b>Total Capital Expenditures</b>	\$ -	\$ -
<b>NET OPERATING INCOME (LOSS)</b>	\$ -	\$ -
<b>LESS CAPITAL EXPENDITURES</b>	\$ 2,332,964	\$ 2,516,857

**Notes for Other Operating Expenses**  
**TriStar Summit Medical Center Emergency Department (Main Campus)**

	Year 1		Year 2
Employee Benefits	\$ 2,594,418.40	\$	2,668,645.70
Pro Fees	\$ 1,596,200.43	\$	1,621,146.56
Ancillary Clinical Services	\$ 15,267,276.94	\$	15,515,861.03
Contract Services (all)	\$ 140,627.18	\$	141,531.08
Repairs and Maintenance	\$ 523,062.54	\$	632,941.40
Marketing	\$ -	\$	-
Total	\$ 20,121,585.48	\$	20,580,125.79

**PROJECTED DATA CHART -- SUMMIT MEDICAL CENTER CONSOLIDATED ED  
(MAIN CAMPUS AND SATELLITE ED'S)**

Give information for the two (2) years following the completion of this proposal.

The fiscal year begins in January.

	<b>Year 2017</b>	<b>Year 2018</b>
	<u>68,577</u>	<u>70,756</u>
A. Utilization Data Admissions		
B. Revenue from Services to Patients		
1. Inpatient Services	\$ -	\$ -
2. Outpatient Services	\$ -	\$ -
3. Emergency Services	\$ 318,646,003	\$ 330,412,180
4. Other Operating Revenue	\$ -	\$ -
(Specify) <u>See notes</u>		
<b>Gross Operating Revenue</b>	\$ 318,646,003	\$ 330,412,180
C. Deductions for Operating Revenue		
1. Contractual Adjustments	\$ 239,542,028	\$ 248,467,934
2. Provision for Charity Care	\$ 2,694,224	\$ 2,794,617
3. Provisions for Bad Debt	\$ 31,735,689	\$ 32,918,236
<b>Total Deductions</b>	\$ 273,971,942	\$ 284,180,787
<b>NET OPERATING REVENUE</b>	\$ 44,674,061	\$ 46,231,393
D. Operating Expenses		
1. Salaries and Wages	\$ 12,306,957	\$ 12,662,813
2. Physicians Salaries and Wages	\$ -	\$ -
3. Supplies	\$ 3,486,419	\$ 3,597,205
4. Taxes	\$ 311,503	\$ 321,402
5. Depreciation	\$ -	\$ -
6. Rent	\$ 176,028	\$ 181,621
7. Interest, other than Capital	\$ -	\$ -
8. Management Fees		
a. Fees to Affiliates	\$ 2,478,342	\$ 2,549,248
b. Fees to Non-Affiliates	\$ -	\$ -
9. Other Expenses (Specify) <u>See notes</u>	\$ 23,157,183	\$ 23,813,313
<b>Total Operating Expenses</b>	\$ 42,305,848	\$ 43,125,601
E. Other Revenue (Expenses) -- Net (Specify)	\$ -	\$ -
<b>NET OPERATING INCOME (LOSS)</b>	\$ 2,368,213	\$ 3,105,792
F. Capital Expenditures		
1. Retirement of Principal	\$ -	\$ -
2. Interest	\$ -	\$ -
<b>Total Capital Expenditures</b>	\$ -	\$ -
<b>NET OPERATING INCOME (LOSS)</b>		
<b>LESS CAPITAL EXPENDITURES</b>	\$ 2,368,213	\$ 3,105,792

**Notes for Other Operating Expenses**  
**TriStar Summit Medical Center Consolidated Emergency Department**

	<b>Year 1</b>		<b>Year 2</b>
Employee Benefits	\$ 3,214,958.40		\$ 3,307,801.90
Pro Fees	\$ 1,872,917.90		\$ 1,908,043.67
Ancillary Clinical Services	\$ 17,290,897.24		\$ 17,681,134.75
Contract Services (all)	\$ 164,669.18		\$ 171,378.08
Repairs and Maintenance	\$ 613,740.71		\$ 744,954.14
Marketing	\$ -		\$ -
<b>Total</b>	<b>\$ 23,157,183.43</b>		<b>\$ 23,813,312.55</b>

**C(II).5. PLEASE IDENTIFY THE PROJECT'S AVERAGE GROSS CHARGE, AVERAGE DEDUCTION FROM OPERATING REVENUE, AND AVERAGE NET CHARGE.**

<b>Table Thirteen-A: TriStar Summit Emergency Department Average Charge Data for Satellite Facility</b>		
	<b>CY2017</b>	<b>CY2018</b>
Visits	10,132	10,639
Average Gross Charge	\$4,635	\$4,670
Average Deduction from Operating Revenue	\$3,969	\$3,991
Average Net Operating Revenue	\$666	\$678
Average Net Operating Income	\$3	\$11

<b>Table Thirteen-B: TriStar Summit Emergency Department Average Charge Data for Consolidated Facility</b>		
	<b>CY2017</b>	<b>CY2018</b>
Visits	68,577	70,756
Average Gross Charge	\$4,647	\$4,670
Average Deduction from Operating Revenue	\$3,995	\$4,016
Average Net Operating Revenue	\$651	\$653
Average Net Operating Income	\$35	\$44

**C(II).6.A. PLEASE PROVIDE THE CURRENT AND PROPOSED CHARGE SCHEDULES FOR THE PROPOSAL. DISCUSS ANY ADJUSTMENT TO CURRENT CHARGES THAT WILL RESULT FROM THE IMPLEMENTATION OF THE PROPOSAL. ADDITIONALLY, DESCRIBE THE ANTICIPATED REVENUE FROM THE PROPOSED PROJECT AND THE IMPACT ON EXISTING PATIENT CHARGES.**

Table Fifteen in the response to question C(II) 6.B below provides the hospital's current average gross charges by level of care (5 = highest acuity and most resource-intensive patients). It provides current Medicare reimbursement by level of care. It projects the Years One and Two charges by level of care, for the proposed Mount Juliet satellite ED. The consolidated projection for the main campus and satellite EDs is that together they will maintain a positive operating margin and will have no adverse impact on the hospital's other charges.

**C(II).6.B. COMPARE THE PROPOSED CHARGES TO THOSE OF SIMILAR FACILITIES IN THE SERVICE AREA/ADJOINING SERVICE AREAS, OR TO PROPOSED CHARGES OF PROJECTS RECENTLY APPROVED BY THE HSDA. IF APPLICABLE, COMPARE THE PROJECTED CHARGES OF THE PROJECT TO THE CURRENT MEDICARE ALLOWABLE FEE SCHEDULE BY COMMON PROCEDURE TERMINOLOGY (CPT) CODE(S).**

The projected average gross charge for this project in CY2017 is \$3,684 in the Projected Data Chart. Table Seventeen below compares Tennessee Hospital Association data for service area hospitals' current average ED gross charges per "case". "Per Case" is a different statistic; but THA has the only available charge data with which to compare this project's proposed charges to actual current charges of other hospitals.

Four of the six hospitals above TriStar Summit (lines G1 and G2) are tertiary referral centers; two are community hospitals.

Table Fifteen on the following page shows this project's levels of care, with their current average and projected gross charges, and current Medicare reimbursement.

<b>Table Fourteen: TriStar Summit Medical Center Emergency Department Proposed Satellite ED Gross Charge Per Visit Compared to Other Area Providers</b>	
<b>Hospital Emergency Departments in Davidson and Williamson Counties</b>	<b>Average Gross Charge Per Visit</b>
A in CY2014	\$13,302
B in CY2014	\$12,847
C in CY2014	\$12,075
D in CY2014	\$11,326
E in CY2014	\$9,680
F in CY2014	\$7,796
<b>G (1) TriStar Summit Medical Center ED in CY2014</b>	<b>\$4,328</b>
<b>G (2) TriStar Summit Medical Center ED in CY2017</b>	<b>\$4,647</b>
H in CY2014	\$5,223
I in CY2014	\$4,720
J in CY2014	\$3,239

*Source: THA Database Q1-Q2 2014 and Summit Medical Center projection.*

Table Fifteen: Summit Medical Center Emergency Department Current and Projected Gross Charge by Level of Care (Main and Satellite)					
Level of Care	CPT Code	2015 YTD Medicare Reimbursement	2015 Current Charge	Year One 2017 Projected Charge	Year Two 2018 Projected Charge
Level One	99281	\$41	\$350	\$441	\$476
Level Two	99282	\$177	\$1,501	\$1,891	\$2,042
Level Three	99283	\$227	\$2,609	\$3,287	\$3,550
Level Four	99284	\$570	\$9,309	\$11,729	\$12,667
Level Five (Highest Acuity)	99285	\$5,719	\$42,784	\$53,907	\$58,220

Source: Hospital Management

**C(II).7. DISCUSS HOW PROJECTED UTILIZATION RATES WILL BE SUFFICIENT TO MAINTAIN COST-EFFECTIVENESS.**

The proposed satellite ED will have the same charge structure as the main ED. It will have a positive cash flow its first two years and thereafter. The two departments consolidated will operate with a positive financial margin and will have a positive cash flow.

**C(II).8. DISCUSS HOW FINANCIAL VIABILITY WILL BE ENSURED WITHIN TWO YEARS; AND DEMONSTRATE THE AVAILABILITY OF SUFFICIENT CASH FLOW UNTIL FINANCIAL VIABILITY IS MAINTAINED.**

The proposed satellite ED will have a positive operating margin on the HSDA Projected Data Chart; it will have a small positive cash flow. More important, it is part of a larger Emergency Department, whose consolidated financial performance is shown in a second Projected Data Chart that documents financial viability in both Years One and Two.

**C(II).9. DISCUSS THE PROJECT'S PARTICIPATION IN STATE AND FEDERAL REVENUE PROGRAMS, INCLUDING A DESCRIPTION OF THE EXTENT TO WHICH MEDICARE, TENNCARE/MEDICAID, AND MEDICALLY INDIGENT PATIENTS WILL BE SERVED BY THE PROJECT. IN ADDITION, REPORT THE ESTIMATED DOLLAR AMOUNT OF REVENUE AND PERCENTAGE OF TOTAL PROJECT REVENUE ANTICIPATED FROM EACH OF TENNCARE, MEDICARE, OR OTHER STATE AND FEDERAL SOURCES FOR THE PROPOSAL'S FIRST YEAR OF OPERATION.**

This project, like all emergency rooms in Tennessee, are subject to the Federal EMTALA law, that requires the provision of clinically appropriate emergency medical care to every patient presenting, regardless of ability to pay. So there will be complete accessibility for all of the above groups. Table Sixteen below provides projected payor mix data.

<b>Table Sixteen: TriStar Summit Satellite Emergency Department Historic and Projected Payor Mix</b>						
<b>Payor Source</b>	<b>Main ED Gross Operat'g Revenue \$ 2014</b>	<b>As a % of Gross Operat'g Revenue 2014</b>	<b>Main ED Gross Operat'g Revenue \$ Year 1</b>	<b>As a % of Gross Operat'g Revenue Year 1</b>	<b>Satellite ED Gross Operat'g Revenue \$ Year 1</b>	<b>As a % of Gross Operat'g Revenue</b>
Medicare	\$88,957,688	37.3%	\$101,250,507	37.3%	\$17,502,139	37.3%
TennCare	\$17,854,803	7.5%	\$20,322,109	7.5%	\$3,512,875	7.5%
Managed Care	\$124,482,372	52.2%	\$141,684,250	52.2%	\$24,491,506	52.2%
Commercial	\$896,192	0.4%	\$1,020,035	0.4%	\$176,323	0.4%
Self-Pay	\$6,506,883	2.7%	\$7,406,051	2.7%	\$1,280,208	2.7%
Total	\$238,697,938	100.0%	\$271,682,952	100.0%	\$46,963,051	100.0%

**C(II).10. PROVIDE COPIES OF THE BALANCE SHEET AND INCOME STATEMENT FROM THE MOST RECENT REPORTING PERIOD OF THE INSTITUTION, AND THE MOST RECENT AUDITED FINANCIAL STATEMENTS WITH ACCOMPANYING NOTES, IF APPLICABLE. FOR NEW PROJECTS, PROVIDE FINANCIAL INFORMATION FOR THE CORPORATION, PARTNERSHIP, OR PRINCIPAL PARTIES INVOLVED WITH THE PROJECT. COPIES MUST BE INSERTED AT THE END OF THE APPLICATION, IN THE CORRECT ALPHANUMERIC ORDER AND LABELED AS ATTACHMENT C, ECONOMIC FEASIBILITY--10.**

These are provided as Attachment C, Economic Feasibility--10.

**C(II).11. DESCRIBE ALL ALTERNATIVES TO THIS PROJECT WHICH WERE CONSIDERED AND DISCUSS THE ADVANTAGES AND DISADVANTAGES OF EACH ALTERNATIVE, INCLUDING BUT NOT LIMITED TO:**

**A. A DISCUSSION REGARDING THE AVAILABILITY OF LESS COSTLY, MORE EFFECTIVE, AND/OR MORE EFFICIENT ALTERNATIVE METHODS OF PROVIDING THE BENEFITS INTENDED BY THE PROPOSAL. IF DEVELOPMENT OF SUCH ALTERNATIVES IS NOT PRACTICABLE, THE APPLICANT SHOULD JUSTIFY WHY NOT, INCLUDING REASONS AS TO WHY THEY WERE REJECTED.**

**B. THE APPLICANT SHOULD DOCUMENT THAT CONSIDERATION HAS BEEN GIVEN TO ALTERNATIVES TO NEW CONSTRUCTION, E.G., MODERNIZATION OR SHARING ARRANGEMENTS. IT SHOULD BE DOCUMENTED THAT SUPERIOR ALTERNATIVES HAVE BEEN IMPLEMENTED TO THE MAXIMUM EXTENT PRACTICABLE.**

The alternatives to this project were (a) to not expand TriStar Summit's emergency room capacity; (b) to expand it at the Hermitage campus; and (c) to expand it through a satellite facility within its primary service area for ED services.

Option (a) was rejected because TriStar Summit Medical Center is the only acute care hospital resource on I-40 between downtown Nashville and the city of Lebanon in Wilson County. Summit's role in this healthcare system is to provide necessary care to its suburban service area, which includes western Wilson County. No care is more time-sensitive than emergency care. To meet area needs for emergency care delivered in a timely manner, Summit must add treatment rooms at some location to avoid lengthening future wait times for service within its very heavily utilized Emergency Department.

Expansion option (c) was chosen in order to improve drive time access to residents of three Wilson County zip codes that are within Summit's primary service area for emergency services--which collectively contribute more ED visits to Summit than does Summit's own home zip code (Hermitage).

Expansion option (b) remains an option for future years, depending on future utilization of the main ED and the Mount Juliet satellite ED. Staging a major expansion of a heavily utilized 24-hour hospital ED is possible; Summit completed such a project several years ago. However, it is always a complex, costly, and disruptive process; and it is not preferable to option (c) at this point in time, because It would not provide the hospital's Wilson County patients with improved drive time access to emergency care.

**C(III).1. LIST ALL EXISTING HEALTH CARE PROVIDERS (I.E., HOSPITALS, NURSING HOMES, HOME CARE ORGANIZATIONS, ETC.) MANAGED CARE ORGANIZATIONS, ALLIANCES, AND/OR NETWORKS WITH WHICH THE APPLICANT CURRENTLY HAS OR PLANS TO HAVE CONTRACTUAL AND/OR WORKING RELATIONSHIPS, E.G., TRANSFER AGREEMENTS, CONTRACTUAL AGREEMENTS FOR HEALTH SERVICES.**

TriStar Summit Medical Center is in the TriStar Health group of HCA hospitals and surgery centers in Tennessee and Kentucky.

The hospital frequently discharges inpatients to the following nursing homes, hospices, and home health agencies.

Skilled Nursing- McKendree, Mt. Juliet Healthcare, Donelson Place, Lebanon Health and Rehabilitation

Hospice- Alive Hospice, Odyssey, Avalon, Asera Care

Home Health- Suncrest, Gentevia, and Amedysis Home Health Care of Middle

Home Infusion- Walgreens, IV Solutions, Coram

DME- Medical Necessities, At Home Medical, Apria, All-Star

**C(III).2. DESCRIBE THE POSITIVE AND/OR NEGATIVE EFFECTS OF THE PROPOSAL ON THE HEALTH CARE SYSTEM. PLEASE BE SURE TO DISCUSS ANY INSTANCES OF DUPLICATION OR COMPETITION ARISING FROM YOUR PROPOSAL, INCLUDING A DESCRIPTION OF THE EFFECT THE PROPOSAL WILL HAVE ON THE UTILIZATION RATES OF EXISTING PROVIDERS IN THE SERVICE AREA OF THE PROJECT.**

The positive impacts of the project have been discussed in Section B.II.D of the application ("Need"). TriStar Summit Medical Center's primary service area has always included Western Wilson County. Currently almost one-fourth of Summit's ED visits come from the three Wilson County zip codes to be served by this project. Summit's ED is very highly utilized and needs more treatment room capacity to meet community needs. The most beneficial location for that capacity is at a satellite location in Wilson County, which will reduce drive times for thousands of ED patients annually.

The utilization impact of the project on other providers will be small, and will fall primarily on other TriStar hospitals in Davidson County. They received 14,918 visits from this project service area's three zip codes in CY2014. Projecting a 5% annual increase of that amount, Summit expects those TriStar hospitals to have 17,269 visits from the three zip codes in CY2017, without this proposed satellite project. A recapture rate of 50% of those visits is projected, for a total of 8,635 visits. That shifting from TriStar hospitals to the satellite will provide 85.2% of the satellite's CY 2017 visits.

The remaining 1,198 visits at the satellite (14.8% of its total visits) would be shifted from many other hospitals. None would be significantly impacted. Allocation of the 1,198 remaining visits among area hospitals, based on their current market share within these zip codes, suggests the following impacts:

<b>Table Seventeen: Projected Impact of Project on Area Hospitals Other Than TriStar Facilities</b>			
<b>Hospital</b>	<b>Projected ED Visits Shifted to Mt. Juliet Satellite ED</b>	<b>Total ED Visits to This Hospital (2013 JAR)</b>	<b>Percent Impact</b>
University Medical Center	970	28,491	3.4%
Vanderbilt Medical Center	146	128,136	0.1%
Saint Thomas Midtown (Baptist)	30	51,643	0.06%
Saint Thomas West	26	33,400	0.08%
Sumner Regional Medical Center	26	38,596	0.07%
<i>Total Group</i>	<i>1,198</i>	<i>280,266</i>	<i>0.4%</i>

*Source: 2013 Joint Annual Reports; visit shifts from hospital management.*

**C(III).3. PROVIDE THE CURRENT AND/OR ANTICIPATED STAFFING PATTERN FOR ALL EMPLOYEES PROVIDING PATIENT CARE FOR THE PROJECT. THIS CAN BE REPORTED USING FTE'S FOR THESE POSITIONS. IN ADDITION, PLEASE COMPARE THE CLINICAL STAFF SALARIES IN THE PROPOSAL TO PREVAILING WAGE PATTERNS IN THE SERVICE AREA AS PUBLISHED BY THE TENNESSEE DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT AND/OR OTHER DOCUMENTED SOURCES.**

Table Eighteen below indicates the most recent annual salary information for employees of this project, as surveyed by the Department of Labor and Workforce Development.

<b>Table Eighteen: TDOL Surveyed Average Salaries for the Region--2015</b>			
<b>Position</b>	<b>25%</b>	<b>Median</b>	<b>Mean</b>
Registered Nurse (not surveyed)	--	--	--
Radiology Technologist	\$42,017	\$50,688	\$60,524
Lab Technologist	\$51,141	\$58,998	\$69,273
Respiratory Technologist	\$31,634	\$38,739	\$55,696

Please see the following page for Table Nineteen, for projected FTE's and salary ranges at the Mount Juliet satellite ED.

**Table Nineteen: TriStar Summit Medical Center  
Main Campus and Satellite Emergency Departments  
Projected Staffing Requirements**

Position Type	Current FTE's	Year One FTE's (CY2017)			Year Two FTE's (CY2018)			Annual Salary Range (Min-Max))
		Hospital	Satellite	Total	Hospital	Satellite	Total	
Director	1.0	1.0		1.0	1.0		1.0	\$95,805-\$117,811
RN Coordinator	2.0	2.0	1.0	3.0	2.0	1.0	3.0	\$57,346-\$86,029
RN	47.3	47.3	9.2	56.5	47.3	9.2	56.5	\$40,760-\$67,580
Nurse Tech/Secretary	13.8	13.8	6.9	20.7	13.8	6.9	20.7	\$22,400-\$31,366
X-Ray/CT Tech	9.2	9.2	4.6	13.8	9.2	4.6	13.8	\$47,195-\$68,453
Lab Tech	4.6	4.6	4.6	9.2	4.6	4.6	9.2	\$47,195-\$68,453
CRTT (respiratory tech)	-			0.0			0.0	\$39,021-\$56,555
Environmental Svc. Tech	4.6	4.6	4.6	9.2	4.6	4.6	9.2	\$20,800-\$35,360
Armed Security Guard	4.6	4.6	4.6	9.2	4.6	4.6	9.2	\$23,629-\$53,093
<b>Total FTE's</b>	<b>87.1</b>	<b>87.1</b>	<b>35.5</b>	<b>122.6</b>	<b>87.1</b>	<b>35.5</b>	<b>122.6</b>	

**C(III).4. DISCUSS THE AVAILABILITY OF AND ACCESSIBILITY TO HUMAN RESOURCES REQUIRED BY THE PROPOSAL, INCLUDING ADEQUATE PROFESSIONAL STAFF, AS PER THE DEPARTMENT OF HEALTH, THE DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES, AND/OR THE DIVISION OF MENTAL RETARDATION SERVICES LICENSING REQUIREMENTS.**

In Middle Tennessee, HCA operates several hospitals and two freestanding ED's similar to this project. The applicant and its parent HCA understand the staffing requirements for this type of facility, and the recruitment processes that will identify superior candidates for these professional positions. In its Emergency Departments, HCA is assisted by a contract partner (EmCare) that provides ED physicians.

**C(III).5. VERIFY THAT THE APPLICANT HAS REVIEWED AND UNDERSTANDS THE LICENSING CERTIFICATION AS REQUIRED BY THE STATE OF TENNESSEE FOR MEDICAL/CLINICAL STAFF. THESE INCLUDE, WITHOUT LIMITATION, REGULATIONS CONCERNING PHYSICIAN SUPERVISION, CREDENTIALING, ADMISSIONS PRIVILEGES, QUALITY ASSURANCE POLICIES AND PROGRAMS, UTILIZATION REVIEW POLICIES AND PROGRAMS, RECORD KEEPING, AND STAFF EDUCATION.**

The applicant so verifies.

**C(III).6. DISCUSS YOUR HEALTH CARE INSTITUTION'S PARTICIPATION IN THE TRAINING OF STUDENTS IN THE AREAS OF MEDICINE, NURSING, SOCIAL WORK, ETC. (I.E., INTERNSHIPS, RESIDENCIES, ETC.).**

TriStar Summit Medical Center is a clinical rotation site for numerous students in the health professions. The colleges/universities with which Summit has student affiliation agreements include:

- Austin Peay State University
- Belmont
- Bethel
- Breckinridge
- Columbia State Community College
- Cumberland University
- East Tennessee State University
- Fortis Institute
- Lipscomb University
- Miller-Motte
- Middle Tennessee School of Anesthesia
- Middle Tennessee State University
- Southeastern Institute
- Tennessee State University
- Tennessee Tech Center @ Murfreesboro
- Trevecca University
- Union University
- Vanderbilt University
- Volunteer State Community College

In CY2014, Summit Medical Center served as a training rotation site for numerous students from these schools, in the following disciplines and programs: Nursing; EMT/Paramedic; CRNA's; Pharmacy; Nutrition; Respiratory Therapy; Medical Imaging; Physician's Assistant; Physical Therapy; Surgery; and Radiation Oncology.

**C(III).7(a). PLEASE VERIFY, AS APPLICABLE, THAT THE APPLICANT HAS REVIEWED AND UNDERSTANDS THE LICENSURE REQUIREMENTS OF THE DEPARTMENT OF HEALTH, THE DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES, THE DIVISION OF MENTAL RETARDATION SERVICES, AND/OR ANY APPLICABLE MEDICARE REQUIREMENTS.**

The applicant so verifies.

**C(III).7(b). PROVIDE THE NAME OF THE ENTITY FROM WHICH THE APPLICANT HAS RECEIVED OR WILL RECEIVE LICENSURE, CERTIFICATION, AND/OR ACCREDITATION**

**LICENSURE:** Board for Licensure of Healthcare Facilities  
Tennessee Department of Health

**CERTIFICATION:** Medicare Certification from CMS  
TennCare Certification from TDH

**ACCREDITATION:** Joint Commission

**C(III).7(c). IF AN EXISTING INSTITUTION, PLEASE DESCRIBE THE CURRENT STANDING WITH ANY LICENSING, CERTIFYING, OR ACCREDITING AGENCY OR AGENCY.**

The applicant is currently licensed in good standing by the Board for Licensing Health Care Facilities, certified for participation in Medicare and Medicaid/TennCare, and fully accredited by the Joint Commission.

**C(III).7(d). FOR EXISTING LICENSED PROVIDERS, DOCUMENT THAT ALL DEFICIENCIES (IF ANY) CITED IN THE LAST LICENSURE CERTIFICATION AND INSPECTION HAVE BEEN ADDRESSED THROUGH AN APPROVED PLAN OF CORRECTION. PLEASE INCLUDE A COPY OF THE MOST RECENT LICENSURE/CERTIFICATION INSPECTION WITH AN APPROVED PLAN OF CORRECTION.**

They have been addressed. A copy of the most recent licensure inspection and plan of correction, and/or the most recent accreditation inspection, are provided in Attachment C, Orderly Development--7(C).

**C(III)8. DOCUMENT AND EXPLAIN ANY FINAL ORDERS OR JUDGMENTS ENTERED IN ANY STATE OR COUNTRY BY A LICENSING AGENCY OR COURT AGAINST PROFESSIONAL LICENSES HELD BY THE APPLICANT OR ANY ENTITIES OR PERSONS WITH MORE THAN A 5% OWNERSHIP INTEREST IN THE APPLICANT. SUCH INFORMATION IS TO BE PROVIDED FOR LICENSES REGARDLESS OF WHETHER SUCH LICENSE IS CURRENTLY HELD.**

None.

**C(III)9. IDENTIFY AND EXPLAIN ANY FINAL CIVIL OR CRIMINAL JUDGMENTS FOR FRAUD OR THEFT AGAINST ANY PERSON OR ENTITY WITH MORE THAN A 5% OWNERSHIP INTEREST IN THE PROJECT.**

None.

**C(III)10. IF THE PROPOSAL IS APPROVED, PLEASE DISCUSS WHETHER THE APPLICANT WILL PROVIDE THE THSDA AND/OR THE REVIEWING AGENCY INFORMATION CONCERNING THE NUMBER OF PATIENTS TREATED, THE NUMBER AND TYPE OF PROCEDURES PERFORMED, AND OTHER DATA AS REQUIRED.**

Yes. The applicant will provide the requested data consistent with Federal HIPAA requirements.

**PROOF OF PUBLICATION**

Attached.

**DEVELOPMENT SCHEDULE**

**1. PLEASE COMPLETE THE PROJECT COMPLETION FORECAST CHART ON THE NEXT PAGE. IF THE PROJECT WILL BE COMPLETED IN MULTIPLE PHASES, PLEASE IDENTIFY THE ANTICIPATED COMPLETION DATE FOR EACH PHASE.**

The Project Completion Forecast Chart is provided after this page.

**2. IF THE RESPONSE TO THE PRECEDING QUESTION INDICATES THAT THE APPLICANT DOES NOT ANTICIPATE COMPLETING THE PROJECT WITHIN THE PERIOD OF VALIDITY AS DEFINED IN THE PRECEDING PARAGRAPH, PLEASE STATE BELOW ANY REQUEST FOR AN EXTENDED SCHEDULE AND DOCUMENT THE "GOOD CAUSE" FOR SUCH AN EXTENSION.**

Not applicable. The applicant anticipates completing the project within the period of validity.

### PROJECT COMPLETION FORECAST CHART

Enter the Agency projected Initial Decision Date, as published in Rule 68-11-1609(c):

November 18, 2015

Assuming the CON decision becomes the final Agency action on that date, indicate the number of days from the above agency decision date to each phase of the completion forecast.

PHASE	DAYS REQUIRED	Anticipated Date (MONTH / YEAR)
1. Architectural & engineering contract signed	12	12-15
2. Construction documents approved by TDH	42	2-16
3. Construction contract signed	56	2-16
4. Building permit secured	59	2-16
5. Site preparation completed	87	4-16
6. Building construction commenced	102	5-16
7. Construction 40% complete	192	8-16
8. Construction 80% complete	252	10-16
9. Construction 100% complete	312	12-16
10. * Issuance of license	326	12-16
11. *Initiation of service	340	1-17
12. Final architectural certification of payment	400	3-17
13. Final Project Report Form (HF0055)	460	5-17

**\* For projects that do NOT involve construction or renovation: please complete items 10-11 only.**

**Note: If litigation occurs, the completion forecast will be adjusted at the time of the final determination to reflect the actual issue date.**

## INDEX OF ATTACHMENTS

A.4	Ownership--Legal Entity and Organization Chart (if applicable)
A.6	Site Control
B.II.A.	Square Footage and Costs Per Square Footage Chart
B.III.	Plot Plan
B.IV.	Floor Plan
C, Need--3	Service Area Maps
C, Economic Feasibility--1	Documentation of Construction Cost Estimate
C, Economic Feasibility--2	Documentation of Availability of Funding
C, Economic Feasibility--10	Financial Statements
C, Orderly Development--7(C)	Licensing & Accreditation Inspections
Miscellaneous Information	
Support Letters	

## INDEX OF ATTACHMENTS

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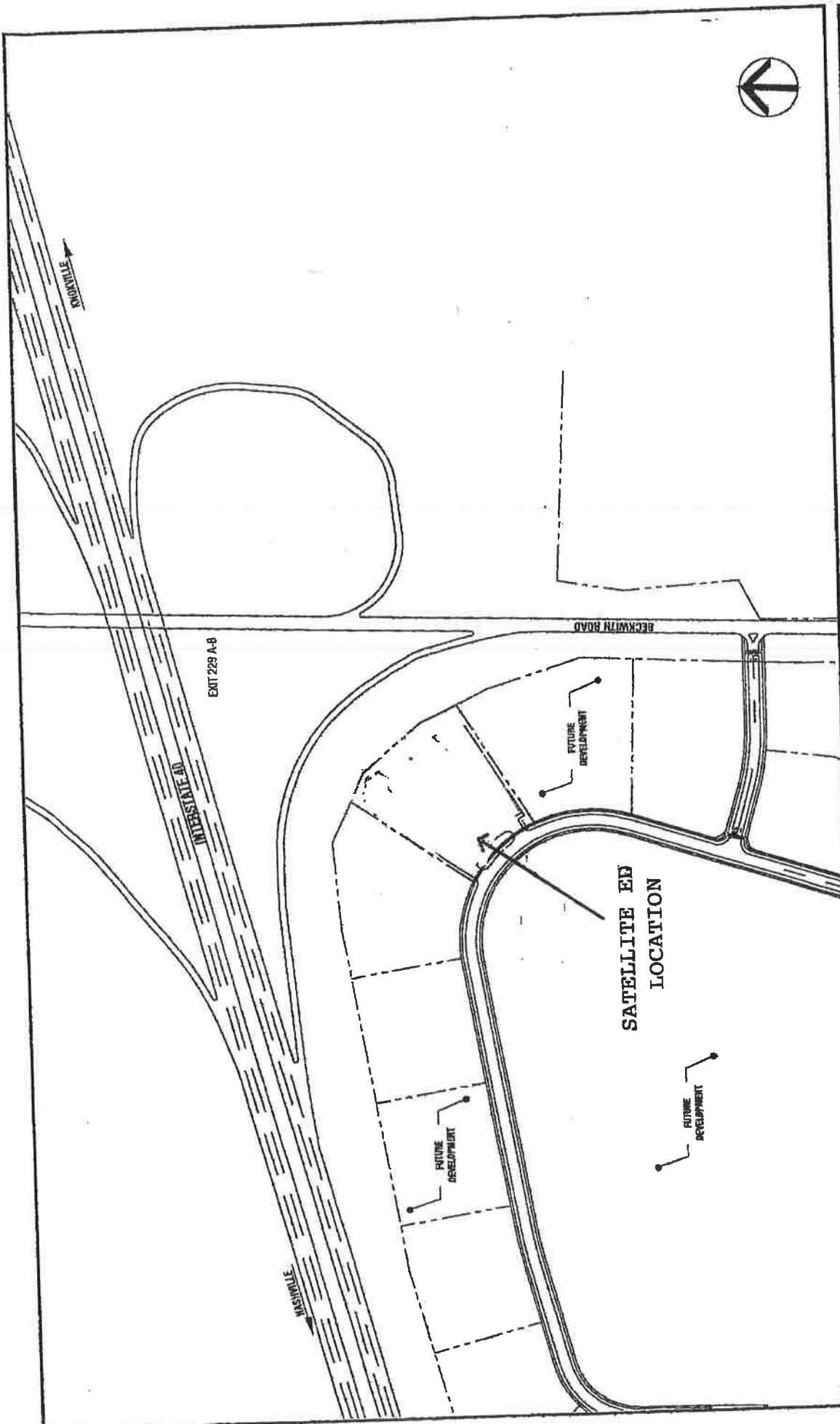
**B.II.A.--Square Footage and Costs Per Square  
Footage Chart**

TRI-STAR SUMMIT MEDICAL CENTER @ MT. JULIET

112

[illegible]

### **B.III.--Plot Plan**

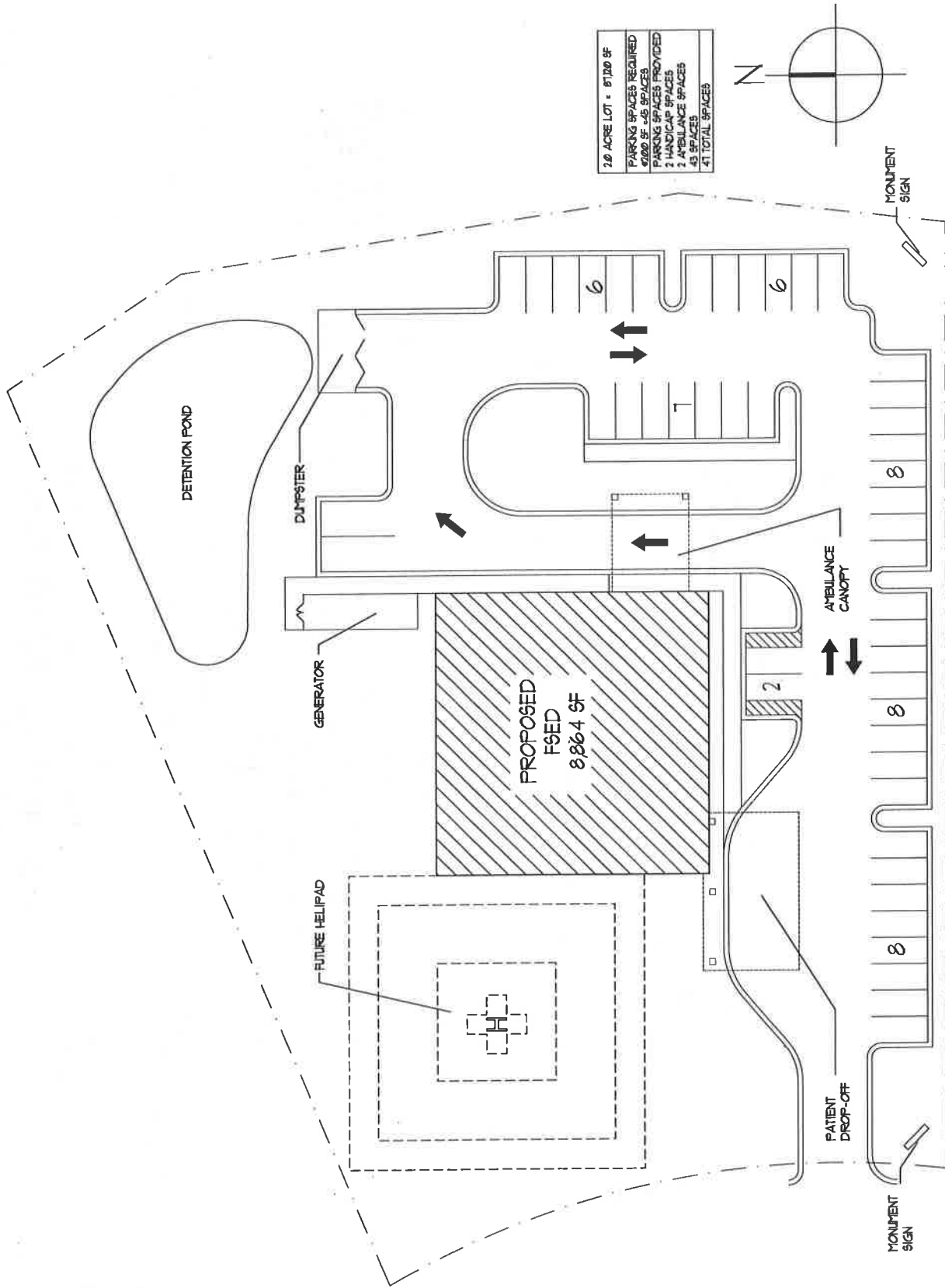


SCALE:	1"=200'	PRELIMINARY SITE PLAN
DATE:	05-14-15	
REP:		
DWG Project No:	105-100	SP-01

BECKWITH ROAD  
MT. JULIET, TENNESSEE

Prepared by:  
**BROWNING**  
BROWNING GROUP OF WEST SOLUTIONS  
P.O. BOX 2075  
BROWNSVILLE, TEXAS 77801  
TEL: 409-833-1000

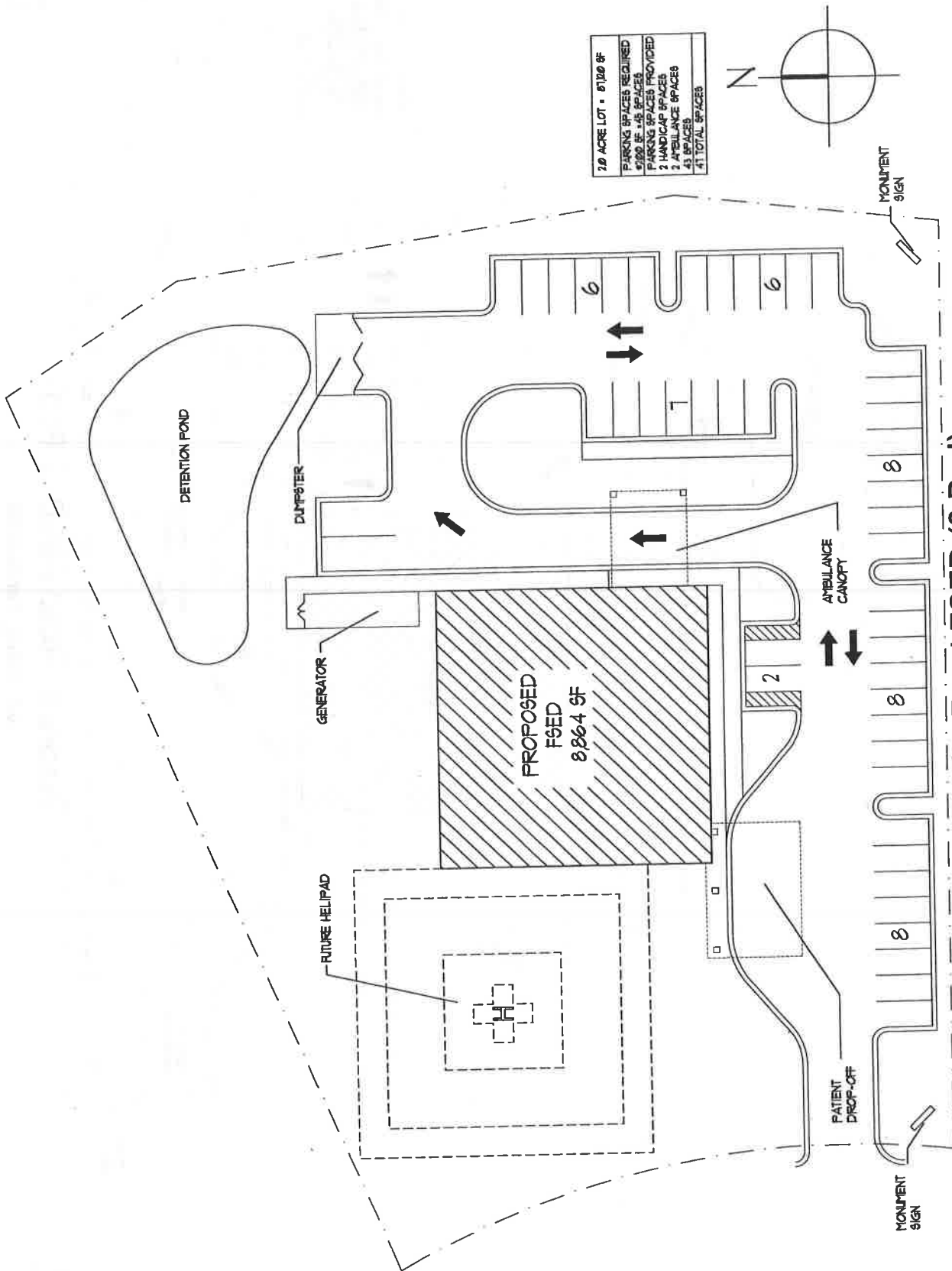
Prepared by:  
**Development Management Group, LLC**  
ONE SULLY DRIVE  
MT. JULIET, TENNESSEE 37118  
TEL: 615-571-0000



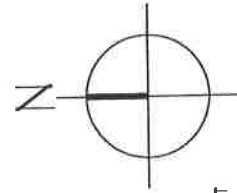
# Beckwith Road FSED (8 Bed)

Mt. Juliet, Tennessee

August 24, 2015  
Project No. 215018.00  
Scale: 1/32" = 1'-0"



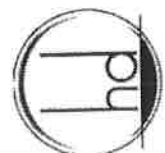
2.0 ACRE LOT = 87,120 SF
PARKING SPACES REQUIRED
8,864 SF = 145 SPACES
PARKING SPACES PROVIDED
2 HANDICAP SPACES
2 AMBULANCE SPACES
43 SPACES
47 TOTAL SPACES



August 7, 2015  
Project No. 215018.00  
Scale: 1/32" = 1'-0"

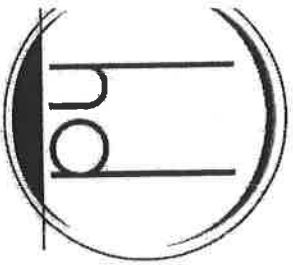
## Beckwith Road FSED (8 Bed)

Mt. Juliet, Tennessee

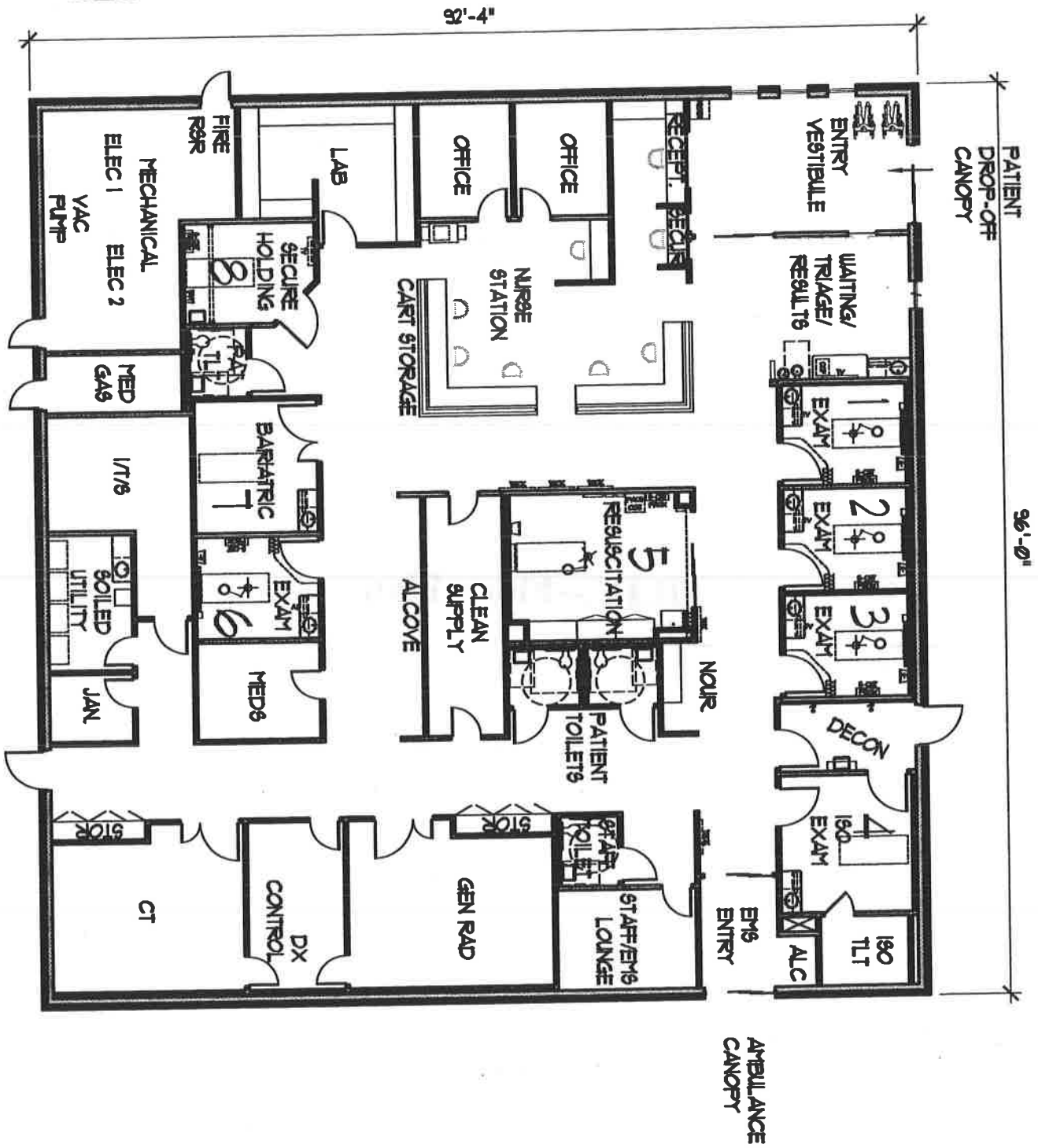


ARCHITECTS

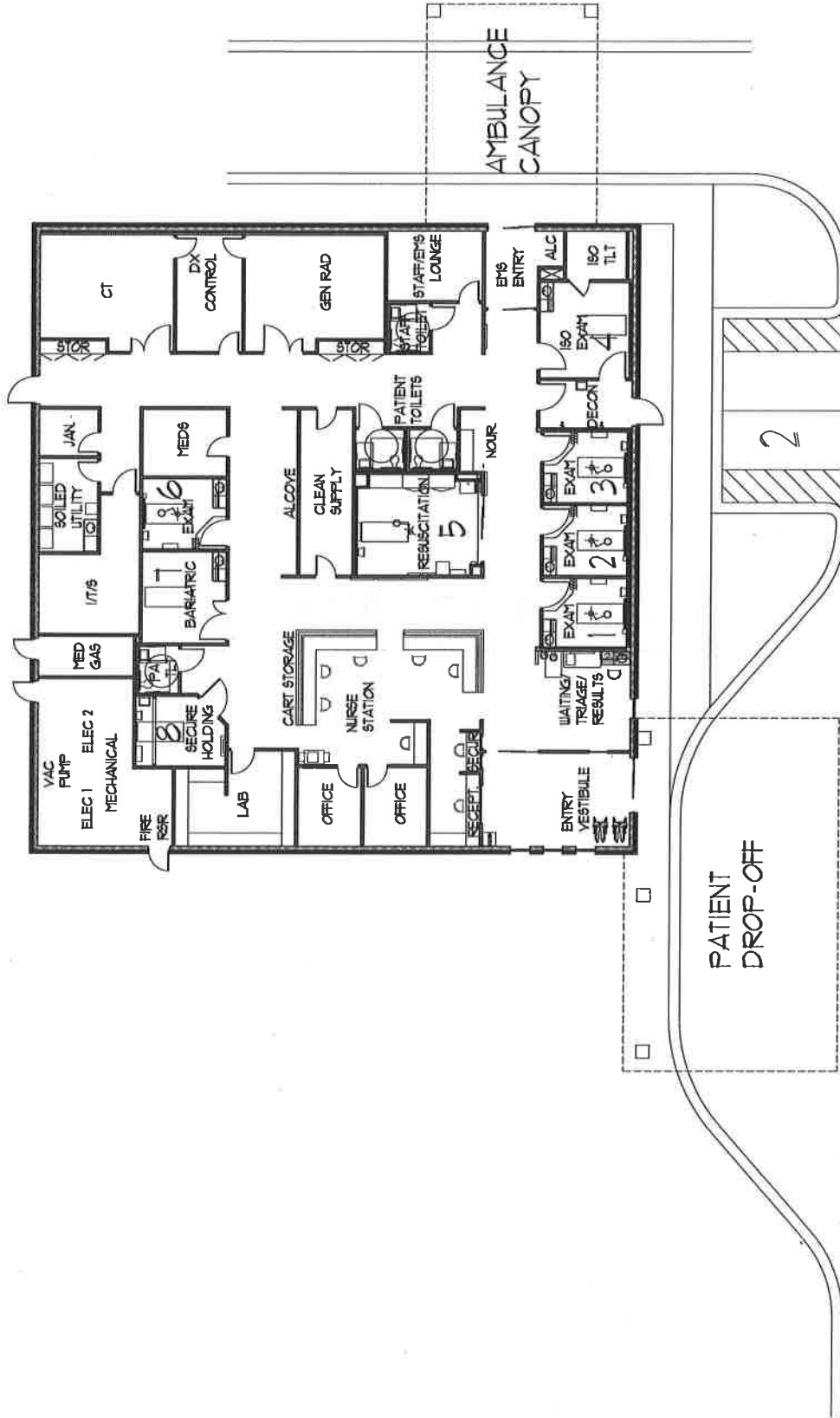
#### **B.IV.--Floor Plan**



118



SCALE  
1/16" = 1'-0"

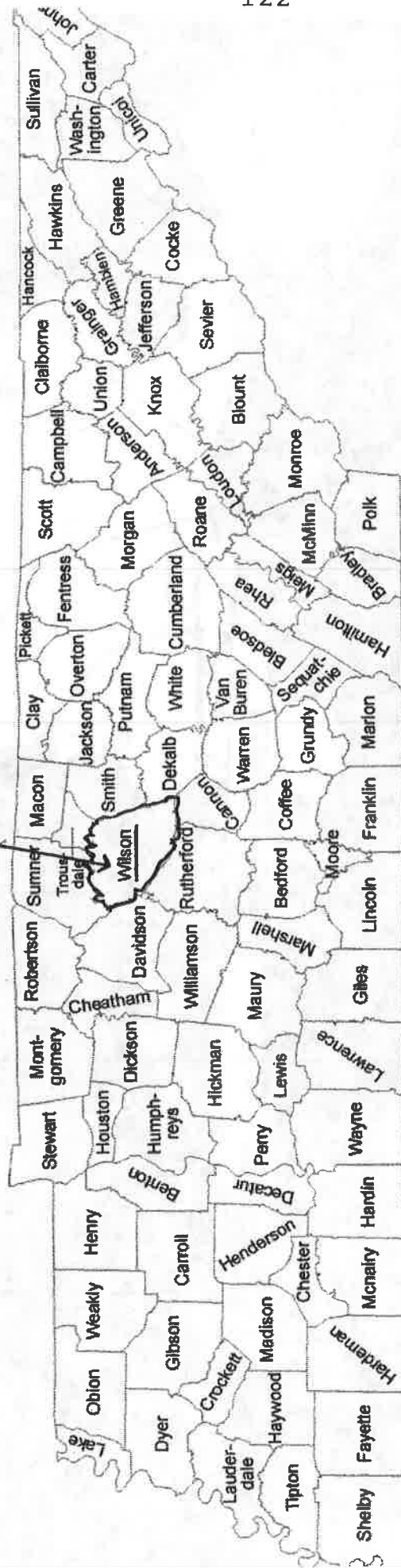


## Beckwith Road FSED (8 Bed)

Mt. Juliet, Tennessee

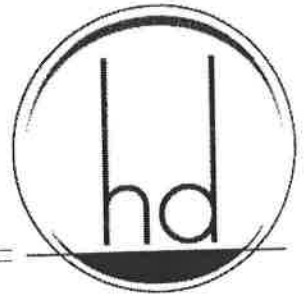
**C, Need--3**  
**Service Area Maps**





**C, Economic Feasibility--1**  
**Documentation of Construction Cost Estimate**

William E. Hereford, III Principal  
Thomas Dooley Senior Principal



HEREFORD-DOOLEY  
ARCHITECTS

August 10, 2015

RE: Summit Freestanding Emergency Department @ Beckwith Road

To Whom It May Concern,

Hereford Dooley Architects, an architectural firm registered to practice in the state of Tennessee, has reviewed the cost data provided for the proposed freestanding satellite emergency department in Mount Juliet. The stated construction cost is \$4,210,400.00. It is our opinion that the proposed construction cost appears to be reasonable for this project type and size and compares favorably with other completed projects similar to this type and size. The proposed site will require extensive site work.

This is a summary of the current building codes enforced for this project:

International Building Code (IBC)	2006
International Fuel and Gas Code (IFGC)	2006
International Plumbing Code (IPC)	2006
International Mechanical Code (IMC)	2006
National Electrical Code (NEC)	2005
NFPA 101 Life Safety Code	2006
North Carolina Handicap Accessibilities Act with 2004 Amendments	1999
Americans with Disabilities Act	2010
AIA Guidelines for Design and Construction of Healthcare Facilities	2010
(We will utilize the 2014 AIA Guidelines when adopted by the State of Tennessee)	

Respectfully,  
Hereford Dooley Architects

Thomas A. Dooley AIA  
tom.dooley@hdarchitects.com  
Senior Principal

**C, Economic Feasibility--2**  
**Documentation of Availability of Funding**



TriStarHealth.com

110 Winners Circle, Suite 200  
Brentwood, TN 37027  
(615) 661-1400

August 14<sup>th</sup>, 2015

Melanie M. Hill, Executive Director  
Tennessee Health Services and Development Agency  
Andrew Jackson State Office Building, 9<sup>th</sup> Floor  
500 Deaderick Street  
Nashville, Tennessee 37243

RE: CON Application for TriStar Summit Medical Center  
Hermitage, Davidson County

Dear Mrs. Hill:

TriStar Summit Medical Center is applying for a Certificate of Need to establish an eight bed satellite emergency department facility.

As Chief Financial Officer of the TriStar Health System, the HCA Division office to which this facility belongs, I am writing to confirm that our parent company HCA Holdings, Inc. will provide through TriStar the approximately \$11,107,000 required to implement this project. HCA Inc.'s financial statements are provided in the application.

Sincerely,

A handwritten signature in black ink, appearing to read "C. Eric Lawson".

C. Eric Lawson  
Chief Financial Officer  
TriStar Division of HCA

**C, Economic Feasibility--10**  
**Financial Statements**

FINANCIAL STATEMENT  
AS OF 12/31/14

128

BEGIN	CHANGE	ENDING	ASSETS	YEAR TO DATE	BEGIN
---	---	---	ENDING	CHANGE	---
9,862	503,991-	494,129-	CURRENT ASSETS-	548,702-	54,573
			CASH & CASH EQUIVALENTS		
			MARKETABLE SECURITIES		
02,713	375,615	52,278,328	PATIENT ACCOUNTS RECEIVABLES	1,138,524	51,139,804
			PATIENT RECEIVABLES		
55,764-	1,800,651	28,755,113-	LESS ALLOW FOR GOVT RECEIVABLE	3,686,279-	25,068,834-
46,949	2,176,266	23,523,215	LESS ALLOWS - BAD DEBT	2,547,755-	26,070,970
			NET PATIENT RECEIVABLES		
			FINAL SETTLEMENTS		
89,484	121,396-	68,088	DUE TO/FROM GOVT PROGRAMS	52,151	15,937
			ALLOW DUE GOVT PROGRAMS		
89,484	121,396-	68,088	NET FINAL SETTLEMENTS	52,151	15,937
36,433	2,054,870	23,591,303	NET ACCOUNTS RECEIVABLES	2,495,604-	26,086,907
			INVENTORIES		
71,862	164,379	6,336,241	PREPAID EXPENSES	588,695	5,747,546
02,330	1,672,578	2,574,908	OTHER RECEIVABLES	1,646,390	928,518
60,776	31,560-	29,216		14,780-	43,996
			TOTAL CURRENT ASSETS	824,001-	32,861,540
81,263	3,356,276	32,037,539	PROPERTY, PLANT & EQUIPMENT		
			LAND		
24,510		6,124,510	BLDGS AND IMPROVEMENTS	1,687,002	6,124,510
58,245	7,756-	51,150,489	EQUIPMENT - OWNED	4,476,548	49,463,487
52,922	452,370	74,905,292	EQUIPMENT - CAPITAL LEASES	1,680,318	70,428,744
44,789		3,844,789	CONSTRUCTION IN PROGRESS	676,883	2,164,471
99,315	284,456	683,771	GROSS PP&E	8,520,751	6,888
79,781	729,070	136,708,851	LESS ACCUMULATED DEPRECIATION	2,871,198-	128,188,100
32,790-	413,713-	87,446,503-	NET PP&E	5,649,553	84,575,305-
46,991	315,357	49,262,348			43,612,795
			OTHER ASSETS		
			INVESTMENTS		
27,657		10,027,657	NOTES RECEIVABLE		10,027,657
			INTANGIBLE ASSETS - NET		
			INVESTMENT IN SUBSIDIARIES		
27,657		10,027,657	OTHER ASSETS		10,027,657
			TOTAL OTHER ASSETS		
55,911	3,671,633	91,327,544	GRAND TOTAL ASSETS	4,825,552	86,501,992

FINANCIAL STATEMENT  
AS OF 12/31/14

## LIABILITIES AND EQUITY

129

PLG 14'15 PW158

BEGIN	END	CHANGE	END	CHANGE	BEGIN
34,112	14,871	3,948,983	3,948,983	458,065	3,490,918
01,043	377,506	4,978,549	4,978,549	143,218	4,835,331
98,623	136,766	1,635,389	1,635,389	45,795	1,589,594
11,624	225-	11,399	11,399	2,568-	13,967
73,047	6,238	979,285	979,285	290,141	689,144
11,892	407-	11,485	11,485	6,275-	17,760
30,341	534,749	11,565,090	11,565,090	928,376	10,636,714
64,913	84,262-	2,980,651	2,980,651	538,752	2,441,899
23,568-	3,875,367-	309,098,935-	309,098,935-	31,770,906-	277,328,029-
58,655-	3,959,629-	306,118,284-	306,118,284-	31,232,154-	274,886,130-
72,366	950	73,316	73,316	1,528	71,788
72,366	950	73,316	73,316	1,528	71,788
1,000		1,000	1,000		1,000
362,553		23,562,553	23,562,553		23,562,553
213,992		307,213,992	307,213,992	19,902,075-	327,116,067
334,314	7,095,563	55,029,877	55,029,877	55,029,877	
711,859	7,095,563	385,807,422	385,807,422	35,127,802	350,679,620
655,911	3,671,633	91,327,544	91,327,544	4,825,552	86,501,992



Table of Contents**HCA HOLDINGS, INC.****NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)****NOTE 17 — SUPPLEMENTAL CONDENSED CONSOLIDATING FINANCIAL INFORMATION AND OTHER COLLATERAL-RELATED INFORMATION (continued)**

Our condensed consolidating balance sheets at December 31, 2014 and 2013 and condensed consolidating statements of comprehensive income and cash flows for each of the three years in the period ended December 31, 2014, segregating HCA Holdings, Inc. issuer, HCA Inc. issuer, the subsidiary guarantors, the subsidiary non-guarantors and eliminations, follow.

**HCA HOLDINGS, INC.**  
**CONDENSED CONSOLIDATING COMPREHENSIVE INCOME STATEMENT**  
**FOR THE YEAR ENDED DECEMBER 31, 2014**  
**(Dollars in millions)**

	HCA Holdings, Inc. Issuer	HCA Inc. Issuer	Subsidiary Guarantors	Subsidiary Non- Guarantors	Eliminations	Condensed Consolidated
Revenues before provision for doubtful accounts	\$ —	\$ —	\$ 20,533	\$ 19,554	\$ —	\$ 40,087
Provision for doubtful accounts	—	—	1,777	1,392	—	3,169
Revenues	—	—	18,756	18,162	—	36,918
Salaries and benefits	—	—	8,574	8,067	—	16,641
Supplies	—	—	3,280	2,982	—	6,262
Other operating expenses	20	—	3,138	3,597	—	6,755
Electronic health record incentive income	—	—	(85)	(40)	—	(125)
Equity in earnings of affiliates	(1,937)	—	(7)	(36)	1,937	(43)
Depreciation and amortization	—	—	888	932	—	1,820
Interest expense	184	2,175	(559)	(57)	—	1,743
Gains on sales of facilities	—	—	(25)	(4)	—	(29)
Losses on retirement of debt	—	335	—	—	—	335
Legal claim costs	—	78	—	—	—	78
Management fees	—	—	(662)	662	—	—
	(1,733)	2,588	14,542	16,103	1,937	33,437
Income (loss) before income taxes	1,733	(2,588)	4,214	2,059	(1,937)	3,481
Provision (benefit) for income taxes	(76)	(961)	1,533	612	—	1,108
Net income (loss)	1,809	(1,627)	2,681	1,447	(1,937)	2,373
Net income attributable to noncontrolling interests	—	—	87	411	—	498
Net income (loss) attributable to HCA Holdings, Inc.	\$ 1,809	\$ (1,627)	\$ 2,594	\$ 1,036	\$ (1,937)	\$ 1,875
Comprehensive income (loss) attributable to HCA Holdings, Inc.	\$ 1,809	\$ (1,566)	\$ 2,508	\$ 995	\$ (1,937)	\$ 1,809

F-39

Table of Contents**HCA HOLDINGS, INC.****NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (Continued)****NOTE 17 — SUPPLEMENTAL CONDENSED CONSOLIDATING FINANCIAL INFORMATION AND OTHER COLLATERAL-RELATED INFORMATION (continued)**

**HCA HOLDINGS, INC.**  
**CONDENSED CONSOLIDATING BALANCE SHEET**  
**DECEMBER 31, 2014**  
**(Dollars in millions)**

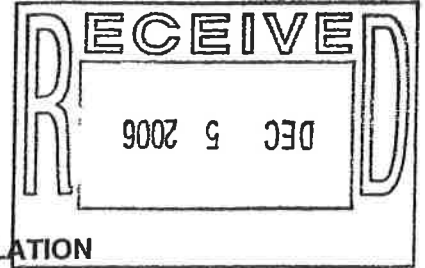
	HCA Holdings, Inc. Issuer	HCA Inc. Issuer	Subsidiary Guarantors	Subsidiary Non- Guarantors	Eliminations	Condensed Consolidated
<b>ASSETS</b>						
Current assets:						
Cash and cash equivalents	\$ —	\$ —	\$ 87	\$ 479	\$ —	\$ 566
Accounts receivable, net	—	—	2,812	2,882	—	5,694
Inventories	—	—	756	523	—	1,279
Deferred income taxes	366	—	—	—	—	366
Other	118	—	376	531	—	1,025
	484	—	4,031	4,415	—	8,930
Property and equipment, net	—	—	7,871	6,484	—	14,355
Investments of insurance subsidiaries	—	—	—	494	—	494
Investments in and advances to affiliates	22,293	—	16	149	(22,293)	165
Goodwill and other intangible assets	—	—	1,705	4,711	—	6,416
Deferred loan costs	26	193	—	—	—	219
Other	435	—	27	158	—	620
	<u>\$ 23,238</u>	<u>\$ 193</u>	<u>\$ 13,650</u>	<u>\$ 16,411</u>	<u>\$ (22,293)</u>	<u>\$ 31,199</u>
<b>LIABILITIES AND STOCKHOLDERS' (DEFICIT) EQUITY</b>						
Current liabilities:						
Accounts payable	\$ 1	\$ —	\$ 1,272	\$ 762	\$ —	\$ 2,035
Accrued salaries	—	—	783	587	—	1,370
Other accrued expenses	45	317	517	858	—	1,737
Long-term debt due within one year	—	231	56	51	—	338
	46	548	2,628	2,258	—	5,480
Long-term debt	2,525	26,317	185	280	—	29,307
Intercompany balances	28,008	(10,261)	(21,582)	3,835	—	—
Professional liability risks	—	—	—	1,078	—	1,078
Income taxes and other liabilities	553	487	605	187	—	1,832
	31,132	17,091	(18,164)	7,638	—	37,697
Stockholders' (deficit) equity attributable to HCA Holdings, Inc.	(7,894)	(16,898)	31,693	7,498	(22,293)	(7,894)
Noncontrolling interests	—	—	121	1,275	—	1,396
	(7,894)	(16,898)	31,814	8,773	(22,293)	(6,498)
	<u>\$ 23,238</u>	<u>\$ 193</u>	<u>\$ 13,650</u>	<u>\$ 16,411</u>	<u>\$ (22,293)</u>	<u>\$ 31,199</u>

**C, Orderly Development--7(C)**  
**Licensing & Accreditation Inspections**

*J. Colleen Patterson*  
*cc: Tom Ogburn*



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
BUREAU OF HEALTH LICENSURE AND REGULATION  
MIDDLE TENNESSEE REGIONAL OFFICE  
710 HART LANE, 1ST FLOOR  
NASHVILLE, TENNESSEE 37247-0530  
PHONE (615) 650-7100  
FAX (615) 650-7101



December 1, 2006

Jeffrey Whitehorn, Administrator  
Summit Medical Center  
5655 Frist Blvd  
Hermitage, TN 37076

Dear Mr. Whitehorn:

Enclosed is the statement of deficiencies developed as the result of the revisit on the state licensure survey of Summit Medical Center on November 30, 2006.

Please provide us with documentation to describe how and when these deficiencies will be corrected. This information should be received in our office within ten (10) calendar days after receipt of this letter. It is imperative that you assure correction of the cited deficiencies no later than sixty (60) days from the date of the initial survey. A follow-up visit may be conducted, if your allegation of correction is reasonable and convincing. Failure to provide an acceptable plan of correction could result in a referral to the Board of Licensing Health Care Facilities for whatever action they deem appropriate.

In order for your Plan of Correction (PoC) to be acceptable, it should address the following:

1. How you will correct the deficiency;
2. Who will be responsible for correcting the deficiency;
3. The date the deficiency will be corrected; and
4. How you will prevent the same deficiency from happening again.

Should you have any questions, or if there is any way this office may be of assistance, please do not hesitate to call.

Sincerely,

A handwritten signature in cursive script that reads "Nina Monroe". The signature is written in dark ink and is positioned above the printed name and title.

Nina Monroe, Regional Administrator  
Middle Tennessee Regional Office

ENCLOSURE

NM/dv



TRI STAR HEALTH SYSTEM.

December 11, 2006

ATTN: Nina Monroe, Regional Administrator  
State of Tennessee  
Department of Health  
Bureau of Health Licensure and Regulation  
Middle Tennessee Regional Office  
710 Hart Lane, 1<sup>st</sup> Floor  
Nashville, TN 37247-0530

Dear Ms. Monroe:

Attached you will find our responses to the Statement of Deficiencies resulting from your State Licensure Survey of Summit Medical Center on November 30, 2006.

Please note that we are requesting a "Desk Review" of items noted on Statement of Deficiencies form. I have attached documentation and code references highlighted with pertinent information to assist with this review.

If there are any questions, please contact me at 615-316-3645.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ted Jones'.

Ted Jones  
Director of Operations and Facilities

TJ/ds

Cc: Tom Ozburn, COO  
Colleen Patterson, Director of Quality Management

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>TNP53133</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/30/2006</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUMMIT MEDICAL CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5655 FRIST BLVD HERMITAGE, TN 37076</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{H 901}	<p><b>1200-8-1-.09 (1) Life Safety</b></p> <p>(1) Any hospital which complies with the required applicable building and fire safety regulations at the time the board adopts new codes or regulations will, so long as such compliance is maintained (either with or without waivers of specific provisions), be considered to be in compliance with the requirements of the new codes or regulations.</p> <p>This Statute is not met as evidenced by: Surveyor: 13846 Based on observation and inspection, it was determined the facility failed to comply with the life safety codes and the electrical codes.</p> <p>The findings included:</p> <p>On 11/30/06 at approximately 11:00 AM, inspection of the facility revealed the vent covers were dirty on the ground, first, second, third, fourth, fifth, sixth, and seventh floors revealed the vent covers were dirty. NFPA 01, 19.5.2.1</p> <p>Inspection of the seventh floor biohazard room and the sixth floor soiled utility room revealed the electrical panels were blocked with equipment. NFPA 70, 110-26(a)</p> <p>Inspection of the imaging staff work room, and the men's dressing room by x-ray revealed cylinders of oxygen stored and no precautionary signs posted. NFPA 99, 9.6.3.2.1</p> <p>Inspection of the corridors revealed cylinders of oxygen stored and no precautionary signs posted. NFPA 99, 9.6.3.2.1</p> <p>Inspection of the lab office and the accounting</p>	{H 901}	<p><b>SEMI-ANNUAL VENT COVERS CLEANING PM TO START IMMEDIATELY AND COMPLETE BY END OF JANUARY.</b></p> <p><b>A RAIL TO PROVIDE PROPER CLEARANCES TO BE INSTALLED TO PREVENT ITEMS FROM BLOCKING PANELS.</b></p> <p><b>REQUEST "DESK REVIEW" OF THIS FINDING.</b></p> <p><b>REQUEST "DESK REVIEW" OF THIS FINDING.</b></p>	<p><b>1/30/2007</b></p> <p><b>1/19/20</b></p>

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

5899

G2FP22

TITLE

Dir. of Facilities

(X6) DATE

12/11/06

If continuation sheet 1 of

DEC 11 2006

PRINTED: 12/01/2006  
FORM APPROVED

## Division of Health Care Facilities

MIDDLE TENNESSEE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TNP53133	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  R 11/30/2006
NAME OF PROVIDER OR SUPPLIER  SUMMIT MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 5655 FRIST BLVD HERMITAGE, TN 37076		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{H 901}	1200-8-1-.09 (1) Life Safety  (1) Any hospital which complies with the required applicable building and fire safety regulations at the time the board adopts new codes or regulations will, so long as such compliance is maintained (either with or without waivers of specific provisions), be considered to be in compliance with the requirements of the new codes or regulations.  This Statute is not met as evidenced by: Surveyor: 13846 Based on observation and inspection, it was determined the facility failed to comply with the life safety codes and the electrical codes.  The findings included:  On 11/30/06 at approximately 11:00 AM, inspection of the facility revealed the vent covers were dirty on the ground, first, second, third, fourth, fifth, sixth, and seventh floors revealed the vent covers were dirty. NFPA 01, 19.5.2.1  Inspection of the seventh floor biohazard room and the sixth floor soiled utility room revealed the electrical panels were blocked with equipment. NFPA 70, 110-26(a)  Inspection of the imaging staff work room, and the men's dressing room by x-ray revealed cylinders of oxygen stored and no precautionary signs posted. NFPA 99, 9.6.3.2.1  Inspection of the corridors revealed cylinders of oxygen stored and no precautionary signs posted. NFPA 99, 9.6.3.2.1  Inspection of the lab office and the accounting	{H 901}	SEMI-ANNUAL VENT COVERS CLEANING PM TO START IMMEDIATELY AND COMPLETE BY END OF JANUARY.  A RAIL TO PROVIDE PROPER CLEARANCES TO BE INSTALLED TO PREVENT ITEMS FROM BLOCKING PANELS.  REQUEST "DESK REVIEW" OF THIS FINDING.  REQUEST "DESK REVIEW" OF THIS FINDING.	1/30/2007  1/19/2007

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6699

G2FP22

TITLE

Director of Facilities &amp; Operations

(X6) DATE

12/11/06

If continuation sheet 1 of 2

PRINTED: 12/01/20  
FORM APPROVE

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TNP53133	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  R 11/30/2006
NAME OF PROVIDER OR SUPPLIER  SUMMIT MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 5655 FRIST BLVD HERMITAGE, TN 37076		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{H 901}	Continued From page 1  office on the ground floor revealed power strips connected in tandem. NFPA 70, 373-4  Inspection of the patient rooms second, third, fourth, fifth, sixth, and the seventh floors revealed the doors are not constructed to resist the passage of smoke. NFPA 101, 19.3.6.2  Inspection of the first and third floor smoking areas revealed no covered ashtrays. NFPA 101, 19.7.4(4)	{H 901}	<p>THE POWER STRIP IN TANDEM WILL BE REMOVED SEE NOTE BELOW. REQUEST "DESK REVIEW" OF THIS FINDING.</p> <p>METAL CONTAINERS WITH SELF-CLOSING COVERS ARE BEING ORDERED TO COMPLY WITH NFPA 19.7.4(6)</p> <p>NOTE: STAFF HAS BEEN INSTRUCTED ON PROPER USE OF POWER STRIPS.</p>	11/19/20



TRI STAR HEALTH SYSTEM

March 16, 2007

ATTN: Nina Monroe, Regional Administrator  
State of Tennessee  
Department of Health  
Bureau of Health Licensure and Regulation  
Middle Tennessee Regional Office  
710 Hart Lane, 1<sup>st</sup> Floor  
Nashville, TN 37247-0530

Dear Ms. Monroe:

Attached you will find our plan of correction to the Statement of Deficiencies resulting from your State Licensure Survey of Summit Medical Center on March 6, 2007.

If there are any questions, please contact me at 615-316-3645.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ted Jones'.

Ted Jones  
Director of Operations and Facilities

TJ/ds

Cc: Tom Ozburn, COO  
Colleen Patterson, Director of Quality Management

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>TNP53133</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/06/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUMMIT MEDICAL CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5655 FRIST BLVD HERMITAGE, TN 37076</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{H 901}	<p>1200-8-1-.09 (1) Life Safety</p> <p>(1) Any hospital which complies with the required applicable building and fire safety regulations at the time the board adopts new codes or regulations will, so long as such compliance is maintained (either with or without waivers of specific provisions), be considered to be in compliance with the requirements of the new codes or regulations.</p> <p>This Statute is not met as evidenced by: Surveyor: 13846 Based on observation and inspection, it was determined the facility failed to comply with the life safety codes.</p> <p>The findings included:</p> <p>On 3/02/07 at approximately 10:00 AM, inspection of the corridors revealed cylinders of oxygen stored and no precautionary signs posted. NFPA 99, 9.6.3.2.1</p> <p>Inspection of the patient rooms on second, third, fourth, fifth, sixth, and seventh floors revealed the doors are not constructed to resist the passage of smoke. NFPA 101, 19.3.6.2</p>	{H 901}	<p>CONFERRED WITH BILL HARMON ON 3.6.07. WITH NO SMOKING SIGNAGE ON MAIN ENTRANCES FOR GENERAL PUBLIC HE FELT WE HAD MET INTENT OF NFPA 99. CRASH CARTS AND BEDS FOR TRANSPORTING PATIENTS WITH OXYGEN BOTTLES ARE NOT CONSIDERED STORED.</p> <p>UL LISTED SMOKE SEALS ARE BEING INSTALLED ON PATIENT ROOM DOORS.</p>	4-20-07

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

## SUPPORT LETTERS

## **SUPPORT LETTERS**

# **Supplemental #1 -COPY-**

**TriStar Summit Medical  
Center Emergency  
Department at Mount  
Juliet**

**CN1508-031**

AUG 25 15 48:50

August 25, 2015

Phillip M. Earhart, HSD Examiner  
Tennessee Health Services and Development Agency  
Andrew Jackson Building, 9<sup>th</sup> Floor  
502 Deaderick Street  
Nashville, TN 37243

RE: CON Application CN1508-031  
TriStar Summit Medical Center Emergency Department at Mount Juliet

Dear Mr. Earhart:

This letter responds to your August 21 request for additional information on this application. The items below are numbered to correspond to your questions. They are provided in triplicate, with affidavit.

**1. Section A., Applicant Profile, Item 1**  
**"Horizon Concrete" is in parenthesis next to the address of 4910 Beckwith Road. Please clarify.**

The site is unaddressed. It is on an unimproved gravel road whose entrance and closest addressed site is 4910 Beckwith Road, a concrete company known locally and mentioned in the legal notice for the purposes of providing the public with good directions to the site.

Attached is a revised page 1R omitting reference to this distinguishing feature of the location.

**2. Section A., Applicant Profile, Item 6**  
**Please provide a copy of the deed from B & B Enterprises.**

We respectfully request that the valid purchase option submitted in the application be accepted as sufficient documentation of site control, as has been HSDA practice in the past. If the seller's deed is required, it will be provided under separate cover.

Page Two  
August 25, 2015

**3. Section B, Project Description, Item I.**

**a. What will the applicant do if this application is denied?**

The applicant will not speculate about this, so early in this process. The applicant's options--appeal; re-application; application at a different location; and suspension of an FSED project--would need to take into consideration the HSDA's cited reasons for denial of the application.

**b. Please provide a brief overview of the Emergency Physician Group that will be staffing the ER.**

The Emergency Physician Group EmCare, a nation-wide Physician staffing organization that staffs Summit Medical Center's main ED, will be the group that staffs the satellite ER. EmCare staffs various Satellite ED's across the country and in Tennessee.

**c. It appears the Mental Health Cooperative's mobile crisis team would respond to Summit Medical Center's main ED in Davidson County, and Volunteer Behavioral Health in Wilson County. How would this impact referral patterns and coordination of care for inpatient behavioral health services.**

The applicant does not anticipate that the project will have any impact on referral patterns and coordination for inpatient behavioral health services. The applicant's main campus does not offer inpatient behavioral care, so both the mobile crisis teams that were listed will assist in patient placement.

**d. Please clarify if additional mobile crisis staff and police officers would be needed to cover an additional emergency department.**

The applicant is unable to answer staffing questions about other entities. The project is providing its own security guard. On occasion, the local mobile crisis staff and police may have to respond to a patient with serious behavioral issues of this type; but that is something they would have to do at another location, if this project were not built. Hopefully the availability of emergency care in this area would provide a safe and more accessible location for persons and families facing severe emotional issues.

Page Three  
August 25, 2015

**e. Please clarify if Emergency patients with the Blue Cross Blue Shield plan S will be in network for the proposed satellite ER. If not, will these patients be required to pay out of network copays? If so, what will be their out of pocket expense.**

The applicant currently does not contract with Blue Cross Blue Shield Plan S. Therefore, patients may be responsible for out-of-network copays. This will depend on the benefits allowed on their individual or group plans. TriStar Summit Medical Center complies with all EMTALA regulations and will provide emergency treatment to all patients regardless of ability to pay.

**f. Many times emergency room copays are waived if the patient is admitted inpatient. Please clarify if this arrangement is possible at the proposed satellite ER.**

Benefits plans typically revert from "Emergency" benefits to "Inpatient" benefits once a patient is admitted. It is not completely accurate to say that emergency room co-pays are waived; it is more appropriate to say that emergency co-pays are not due for a patient who becomes an inpatient.

**g. On Monday December 15, 2014, Tennessee Gov. Bill Haslam unveiled his Insure Tennessee plan, a two year pilot program to provide health care coverage to Tennesseans who currently don't have access to health insurance or have limited options. The program rewards healthy behaviors, prepares members to transition to private coverage, promotes personal responsibility and incentivizes choosing preventative and routine care instead of unnecessary use of emergency rooms. What will the impact of Insure TN have on the applicant's volume projection?**

The Insure Tennessee proposal has been rejected twice by the Tennessee General Assembly in 2015. Governor Haslam has stated publicly that he will not re-introduce the program next year. Therefore, no impact study has been performed.

Page Four  
August 25, 2015

**h. Please clarify if an ambulance will be stationed at the satellite ED 24 hours/day, 7days/week, 365 days/year for life-threatening transports to full service hospitals.**

That is not part of the applicant's current plan. Local EMS authorities determine the distribution of ambulance sites. If requested by those authorities to help provide a station at this exit, the applicant will work with EMS to enable that to occur. There is not enough acreage in the FSED site to accommodate an ambulance station; but vacant land may be available nearby. The applicant will pursue partnership with an ambulance organization to provide transfer services if granted approval.

**i. If a patient is admitted to the satellite ED, and is then transferred to the main ED, is there one ER charge or two?**

No; there would be only one ED charge.

**j. What percentage of patients will have to be transferred to Summit for inpatient admission or observation status? Can a patient be in observation status at satellite ER?**

The experience of the applicant's company at similar facilities in Spring Hill and Dickson is that such transfers for observation may be approximately 1.3%, and transfers for admission to the parent hospital may be approximately 1.9%. The facility would not keep patients in observation status.

**k. Please discuss if the role of telemedicine in the emergency department and the possibilities of using an off-site physician to examine ER patients during overcrowding. Please include in your response if the new proposed satellite ER will have telemedicine capabilities. If so, what will the capabilities be?**

The applicant's proposed satellite ER will have telemedicine capabilities for some psychiatric consults, similar to what is available at the main ER. The satellite ER will always be staffed with an Emergency Medicine physician on site and will not use telemedicine to provide this service. Currently, no other specialist is credentialed for telemedicine in the emergency setting.

Page Five  
August 25, 2015

**l. What types of innovative programs have been implemented by the applicant to ease emergency department overcrowding?**

The applicant has implemented numerous initiatives to ease emergency department over-crowding by improving patient throughput. Among those are:

- Implementation of a Surge Capacity Plan that includes a detailed definition of three different levels of capacity house-wide and outlines the specific actions to be taken at each level of capacity in order to decompress capacity.
- Implementation of a plan to ensure that all patients are seen by a provider in a targeted time of 10 minutes or less and that the low acuity patients have their issues resolved quickly for faster discharge.
- The applicant has implemented the use of telemedicine within our Emergency department for use in tele-psychiatry.
- Targets have been set for Turnaround Times for ancillary services such as Lab and Imaging and action plans have been implemented to achieve those turnaround times.
- Staffing levels for providers and staff are continually reviewed based on trends for time of arrival and appropriate adjustments are made.

**m. It is noted TriStar HCA has chosen to relocate the proposed satellite emergency department next to Interstate 40, Exit 229 East of Davidson County. It is also noted Horizon Medical Center owned by HCA recently opened a satellite emergency department in Dickson County next to Exit 172 Interstate 40 West of Davidson County. In addition, TriStar HCA was denied at the March 25, 2015 Agency meeting for Southern Hills Medical Center Emergency Department at I-65 which is South of Davison County. With this in mind, please discuss the reason the Interstate System is the best location for satellite emergency services.**

Interstate access provides the fastest means of ground transportation for the highest number of the patient population. For healthcare related projects in general, interstate or other major thoroughfare access is generally a top priority for site location. This is true for the projects listed above and for the applicant in the case of this project.

Page Six  
August 25, 2015

**n. It is noted Summit remodeled the main emergency department in 2008. Please discuss the degree of disruption experienced.**

The applicant's renovation and expansion project was completed in 2011, expanding the number of treatment rooms from 23 to 31.

During this extensive project, there were prolonged periods where the applicant's available rooms were reduced to only 13 rooms, disrupting patient care and the overall patient experience. Patients were forced to walk great distances as a significant portion of the ED was under construction. The disruption led to decreased access to care, negative patient experiences and delays in patient treatment.

**o. It is noted the applicant operates a satellite ED of TriStar Hendersonville Medical Center in Portland, TN. Please discuss how HCA gained approval to operate the Portland satellite ED.**

CON approval for that was not required.

The Portland facility is what remains of a former Adventist hospital that was acquired by HCA years ago, along with the Adventist hospital in Madison (which is now under the TriStar Skyline Medical Center license). Portland was a facility that could not be kept open for inpatient care due to lack of demand and the excessive cost of updating it to HCA facility standards. Emergency services in Portland have been maintained as a community resource and access point for the Portland community; but this was not originally a freestanding emergency department designed for that purpose.

**p. If the purpose of the project is to serve Mt. Juliet, why are two of the three ZIP codes in Lebanon?**

These two zip codes are not completely within the City of Lebanon. Zip codes are designed by the U.S. Postal Service, and are given the name of the closest post office. As maps show, these are expansive zip codes that encompass large parts of Wilson County outside the City of Lebanon. The zip codes utilized in the application are the three contiguous zip codes from which most of the project's utilization will originate.

Page Seven  
August 25, 2015

**q. It appears University Medical Center is located within zip code 37087. Please explain the reason zip code 37087 was included in the service area when there is already a full service emergency department located there.**

As stated above, this and the other zip codes encompass very large areas of Wilson County. Many residents of this zip code currently come to physicians and facilities at Summit for their healthcare needs and would prefer to use this facility rather than the main campus ED, for reasons of convenience. An emergency services facility at Exit 229 will be readily accessible to many who live, work, and drive in this zip code.

**r. What is the distance between the western Wilson County line on Interstate 40 and the proposed ER satellite Interstate 40, Exit 229 location?**

The distance is approximately 6.6 miles.

**4. Section B, Project Description, Item II.A.**

**a. What is the distance of the proposed ER from the Interstate 40 #229 exit ramp?**

The driving distance from the entrance of the Interstate 40 Exit #229 to the proposed site, barring any additional entrances being developed, is only a half-mile, or approximately 880 yards.

**b. Table Two on page 10 is noted. Please clarify the reason there are no trauma rooms planned for the satellite ER.**

The trend in architectural design today is to reserve the term "trauma room" for the very large and heavily equipped treatment rooms in designated "trauma centers" such as Vanderbilt and TriStar Skyline Medical Center. This project has an oversized treatment room for "resuscitation", for the most seriously ill or injured patients (Level V) who are appropriate to an FSED setting. Not calling it a trauma room is in deference to the actual designated trauma centers now being designated as part of regional EMS planning. There are no plans to designate the satellite ER as a trauma center, thus there is not a need for a trauma room.

Page Eight  
August 25, 2015

**c. Please provide an overview of the emergency physician group that is planned to staff the proposed ER.**

This duplicates question 3b above. Please refer to that response.

**d. The square footage and costs per square footage chart is noted. Please address the following:**

**(1) The chart appears to not be printed in its entirety. Please provide a replacement square footage and costs per square footage chart.**

The copy store seems to have pulled the chart through at a very slight angle when making the filing copies, although all data in our copies is clearly visible. A replacement chart is attached following this page, so your copies can be as straight as the original. It has been amended by correcting the total project SF and cost PSF, as described immediately below in response d(2).

**(2) Please clarify the reason the applicant did not include 2,384 SF of canopies in Table Three B, but did include the \$709,120 canopy construction cost in calculating the Construction Cost PSF of \$475.00.**

The corporate cost estimation of the facility did include the full cost of construction including the canopies. Canopy square footage should have been included in Table Three-B, and should have been reflected in the SF figure on line A.5 of the Project Cost Chart. To correct those, revised pages 14R, 52R, and 54R are attached after this page, following the Cost PSF Chart referenced above. The construction cost PSF including canopy construction is now reduced to \$374 PSF.

However, the applicant prefers not to change narrative references to this being an 8,864 SF facility, because that is its footprint. The footprint or floor space in a facility is the most informative number in describing it. Overhangs are not usually included in narrative descriptions.

**(3) The map on page 21 is noted. However, please revise the map to include the location of University Medical Center and resubmit.**

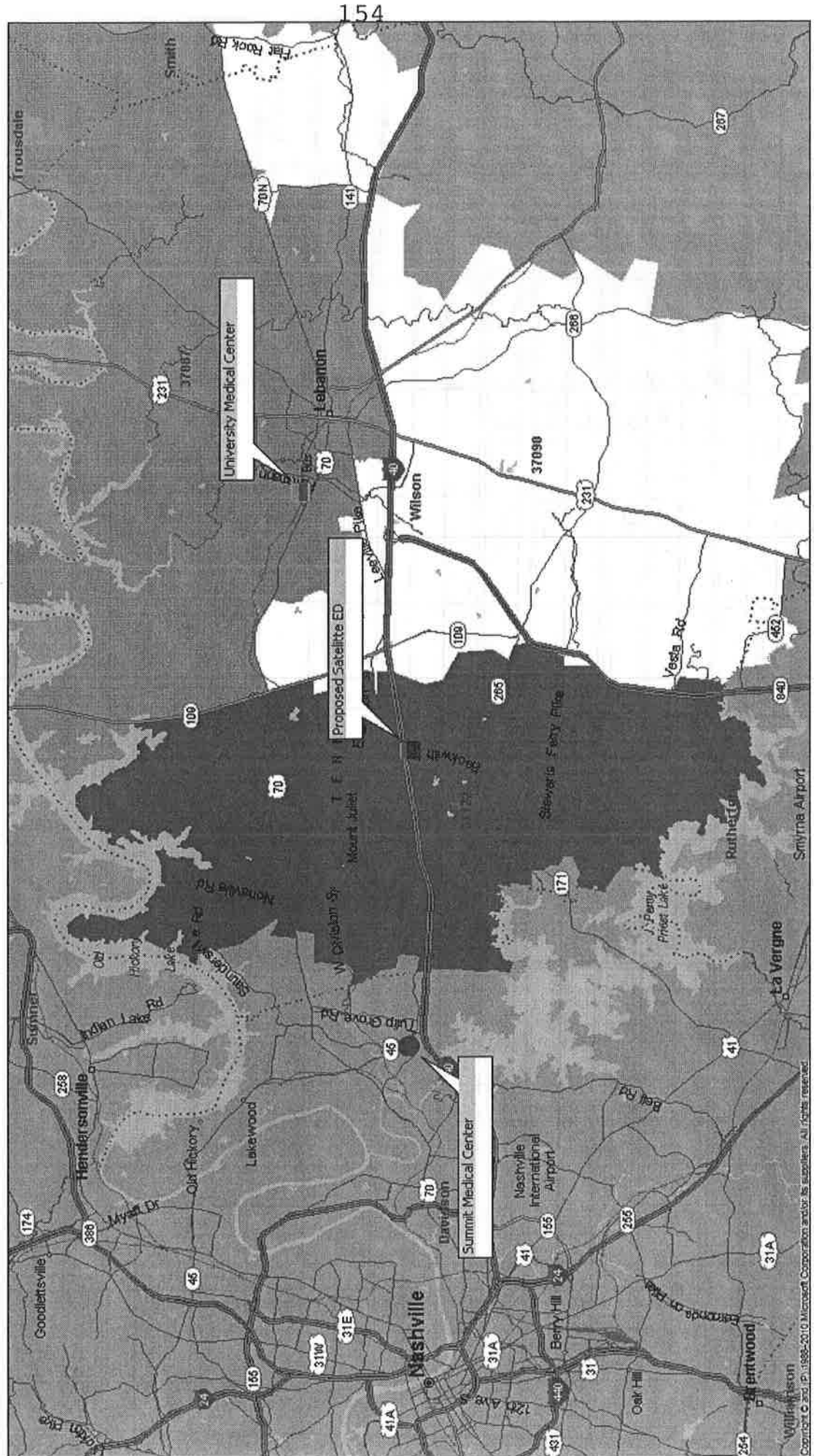
The requested map is attached after this page.

TRI-STAR SUMMIT MEDICAL CENTER @ MT. JULIET  
SQUARE FOOTAGE AND COST PER SQUARE FOOTAGE CHART

153

A. Unit / Department	Existing Location	Existing SF	Temporary Location	Proposed Final Location	Proposed Final Square Footage			Proposed Final Cost / SF		
					Renovated	New	Total	Renovated	New	Total
<b>BUILD OUT</b>										
Exams						1,742	1,742		\$395	\$688,090.00
Nurses Station						542	542		\$395	\$214,090.00
Lab						274	274		\$395	\$108,230.00
Imaging						1,010	1,010		\$395	\$398,950.00
Support						2,071	2,071		\$395	\$818,045.00
B. Unit/Dept. GSF Sub-Total						5,639	5,639		\$395	\$2,227,405.00
C. Mechanical / Electrical GSF						606	606		\$395	\$239,370.00
D. Circulation / Structure GSF						2,619	2,619		\$395	\$1,034,505.00
E. Total GSF						8,864	8,864		\$395	\$3,501,280.00
F. Canopies						2,384	2,384		\$297	\$709,120.00
G. Total Building Cost						11,248	11,248		\$374.32	\$4,210,400.00

# Proposed Satellite Emergency Department Service Area



Page Nine  
August 25, 2015

**(4). In light of the \$475.00 Cost PSF for the proposed smaller square footage Satellite ED, how is this project a cost-effective and cost efficient project?**

As discussed in response 4.d (2) above, the new cost per square foot is approximately \$374. While this still is above the third quartile average in HSDA records for “hospital construction”, nonetheless the project is cost-effective. The capital cost of developing these facilities is completely market-driven based on construction costs that are competitively bid. The costs projected in this application are experienced-based, meaning that those who design and build these facilities in multiple locations are experiencing this level of cost and its annual inflation. Your HSDA average construction costs for “hospital projects” are not useful guides to what an FSED should, or will, cost. They are not based on FSED construction costs. They average a wide variety of large and small hospital projects Statewide; and they use cost estimate data from long before the year in which his project will be constructed. Construction costs are rising steadily.

**5. Section B, Project Description, Item II.D.**

**Table Four on page 18 which lists the historic and projected community demand for visits CV2010-2021 is noted. However, there appears to be discrepancies with figures reported in the 2011-2013 joint annual reports and what is reported in the application. Please refer to the following table in addressing the following questions:**

The Joint Annual Reports for TriStar Summit Medical Center for 2010-2014 show the following visit data in all categories. Summit’s FSED CON application, as stated in its narrative, uses “presenting” visits for projection purposes, but must use “treated” visits for financial analysis because the latter were patients who were actually billed.

<b>Summit Medical Center Joint Annual Reports Currently On File at TDH</b>			
<b>Year of JAR</b>	<b>Presenting (p. 38)</b>	<b>Treated (p. 38)</b>	<b>By Payor (p. 36)</b>
<b>2010</b>	46,634	46,621	46,621
<b>2011</b>	47,191	47,981	47,191
<b>2012</b>	52,870	52,862	52,862
<b>2013</b>	51,552	50,834	52,530
<b>2014 Provisional</b>	55,154	55,154	55,154

Page Ten  
August 25, 2015

Applicant's Table Four (p. 18 of application) had only one discrepancy with the Joint Annual Reports of the hospital at the time of filing: In 2010, the application's Table Four showed 46,621 patients presenting, whereas the JAR showed 46,634 presenting. That error of 0.03% (134 visits) by itself makes no difference in the projections shown in Table Four; but the correction has been made in the application tables.

However, as HSDA staff has noted, in 2011 the hospital JAR reported 790 more patients treated (47,981) than presenting (47,191), which cannot be accurate. Upon further investigation, Summit has identified an internal transposition error, and will send a written amendment of the data to TDH. The amendment of page 38 will show 47,981 visits presenting and 47,191 treated.

A similar clerical error was found to have occurred on the 2013 JAR. The numbers were transposed in error. The hospital's corrections are for 52,530 presenting visits, 50,834 visits treated, and 50,834 visits by payor. This too is being corrected with a letter to TDH.

With these changes, the amended JAR's for Summit will show:

<b>Summit Medical Center Joint Annual Reports AMENDED</b>			
<b>Year of JAR</b>	<b>Presenting (p. 38)</b>	<b>Treated (p. 38)</b>	<b>By Payor (p. 36)</b>
<b>2010</b>	46,634	46,621	46,621
<b>2011</b>	47,981	47,191	47,191
<b>2012</b>	52,870	52,862	52,862
<b>2013</b>	52,530	50,834	50,834
<b>2014 Provisional</b>	55,154	55,154	55,154

Attached after this page are a revised replacement pages 18R, Table Four, and 48R, Table Twelve A-B, which contain corrected historic visit data (presenting). None of the changes affects the applicant's projections in these tables.

Page Eleven  
August 25, 2015

Specific Responses to Reviewer's Questions

**a. Do the visits by payer include indigent and uninsured individuals?**

Yes, they do. They are in the "other" and "self-pay" categories, respectively.

**b. Why is there a less number of ER patients actually reported (A) in Table 4-Page 21 than what was reported as being treated by triage in (C) below in 2013 (-688), but a higher number (+790) in 2011?**

Table Four on page 18 relied on the patient visits in the hospital's JAR's, which contained the error described above. That has been corrected in revised Table Four, attached above.

**c. Please explain how the number of 52,230 ED visits by payer in B. below in 2013 is 678 visits higher than those reported as ED visits in the amount of 51,552 ED patients.**

This has been corrected as explained above.

**d. Why are there variances in the actual number of ED patients triaged in C. below of +790 in 2011 and -688 patients in 2013?**

This has been corrected as explained above.

**e. Why did the Joint Annual Reports representing 2011-2013 not use the same reporting methodology as 2010?**

The reporting methodology did not change; minor clerical errors were made and those have been corrected in this submittal and its attachments.

**f. Why were patients referred to a physician or clinic for treatment in 2010 (13 patients) and not treated in the ER, but in 2011-2013 none were reported.**

The decision to triage patients to physicians' offices is one of medical necessity. In 2011-2013, no patients were triaged to medical offices, which coincides with the increase in acuity level over that time at Summit Medical Center's ER.

Page Twelve  
August 25, 2015

**g. If the Joint Annual Reports for ED visits were reported in error for the years 2010-2013, please complete the table below reflecting the correct information. If ED visits are revised, please update the historical data chart.**

The Historical Data Chart has been updated and is attached at another question in this response letter.

**STAFF TABLE AFTER AMENDMENT OF JAR'S AND APPLICATION**

Total Summit MC Main Campus ED Visits				
	2010	2011	2012	2013
<b>Reported in Table 4-Page 18 of application</b>	46,634	47,981	52,870	52,530
<b># visits by payer</b>				
Reported in Joint Annual Report Page 36	46,621	47,191	52,862	50,834
<b>Difference in Table 4-Page 18 of application</b>	-13	-790	-8	-1,696
<b>Triage # Actual Treated</b>				
Reported in Joint Annual Report-Page 38	46,621	47,191	52,862	50,834
<b>Difference in Table 4-Page 18 of application</b>	Not in Application	Not in Application	Not in Application	Not in Application
<b># of patients presented in ER</b>				
Reported in Joint Annual Report Page 38	46,634	47,981	52,870	52,530
<b>Difference In Table 4-Page 18 of application</b>	0	0	0	0
<b>Total # not treated in ER but referred to physician or clinic for TX</b>				
Reported in Joint Annual Report under Triage 8.C. Page 38	13	0	0	0

Page Thirteen  
August 25, 2015

**STAFF TABLE PRIOR TO JAR AND APPLICATION AMENDMENTS**

Total Summit MC Main Campus ED Visits				
	2010	2011	2012	2013
<b>Reported in Table 4-Page 18 of application</b>	<b>46,621</b>	<b>47,191</b>	<b>52,870</b>	<b>51,552</b>
<b># visits by payer</b>				
Reported in Joint Annual Report Page 36	46,621	47,191	52,862	52,230
<b>Difference in Table 4- Page 18 of application</b>	<b>0</b>	<b>0</b>	<b>-8</b>	<b>+678</b>
<b>Triage # Actual Treated</b>				
Reported in Joint Annual Report-Page 38	46,621	47,981	52,862	50,834
<b>Difference in Table 4- Page 18 of application</b>	<b>0</b>	<b>+790</b>	<b>-8</b>	<b>-688</b>
<b># of patients presented in ER</b>				
Reported in Joint Annual Report Page 38	46,634	47,191	52,870	51,552
<b>Difference In Table 4- Page 18 of application</b>	<b>+13</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total # not treated in ER but referred to physician or clinic for TX</b>				
Reported in Joint Annual Report under Triage 8.C. Page 38	13	0	0	0

Page Fourteen  
August 25, 2015

**h. What is the average wait time within the ED at Summit Regional Medical Center for the month of July 2015?**

In July, which is always a relatively low month for ED visits, the average time from patient arrival to first contact with an ED provider was 12 minutes.

**i. Table Five-A is noted on page 20 with the Zip Code 37080 listed in the table. Please clarify if the zip code should be 37090. If so, please revise and submit a replacement page.**

Thank you; that was a typographical error. Attached as the second following page is revised replacement page 20R correcting the zip code to 37090.

**j. Table Six on page 22 of distance from the proposed project site to locations in the primary service area is noted. Please complete the same table for Summit's existing ED and University Medical Center's Emergency Department locations.**

<b>Table Six-B (Supplemental): Distances and Drive Times From Summit Medical Center (in Hermitage) To Locations In the Primary Service Area Zip Codes</b>				
<b>Map Key</b>	<b>Community / Location</b>	<b>Zip Code and Its Post Office Name</b>	<b>Distance in Miles</b>	<b>Drive Time</b>
1	Lebanon (at US 70 & US 231)	37087 Lebanon	20.2 mi.	25 min.
2	LaGuardo	37087 Lebanon	20.2 mi.	26 min.
3	Gladeville	37090 Lebanon	17.6 mi.	21 min.
4	Cedars of Lebanon State Park	37090 Lebanon	20.9 mi.	26 min.
5	Martha	37090 Lebanon	16.5 mi.	22 min.
6	Leeville	37090 Lebanon	13 mi.	18 min.
7	Mount Juliet City Hall	37122 Mount Juliet	6.7 mi.	14 min.
8	Green Hill	37122 Mount Juliet	5.2 mi.	14 min.
9	Rural Hill	37122 Mount Juliet	10.2 mi.	19 min.

Page Fifteen  
August 25, 2015

<b>Table Six-C (Supplemental): Distances and Drive Times From University Medical Center (in the City of Lebanon) To Locations In the Primary Service Area Zip Codes</b>				
<b>Map Key</b>	<b>Community / Location</b>	<b>Zip Code and Its Post Office Name</b>	<b>Distance in Miles</b>	<b>Drive Time</b>
1	Lebanon (at US 70 & US 231)	37087 Lebanon	2.4 mi.	6 min.
2	LaGuardo	37087 Lebanon	10.5 mi.	17 min.
3	Gladeville	37090 Lebanon	11.8 mi.	17 min.
4	Cedars of Lebanon State Park	37090 Lebanon	11.0 mi.	18 min.
5	Martha	37090 Lebanon	6.8 mi.	12 min.
6	Leeville	37090 Lebanon	13.8 mi.	19 min.
7	Mount Juliet City Hall	37122 Mount Juliet	13.0 mi.	21 min.
8	Green Hill	37122 Mount Juliet	15.6 mi.	26 min.
9	Rural Hill	37122 Mount Juliet	19.3 mi.	28 min.

Page Sixteen  
August 25, 2015

**6. Section B, Project Description, Item II.C.**

- a. Please clarify the reason HCA's 1800 visit per ED room standard exceeds the widely used hospital planning standard of 1,500 visit per room per year.**

HCA reviews projects like this one using several different benchmarks and taking various factors into consideration. An example of a factor that can affect the analysis of and sizing of emergency room projects would be the presence of a clinical decision unit / observation unit. An ER with either of these types of units available can function at a higher visit/room level because of the ability to move patients to another setting. The guideline of 1,800 visits per room that is a benchmark for HCA Design and Construction is intended to ensure that capital projects are planned efficiently and does not supersede the industry standards when planning for expansion.

- b. Please provide documentation of the 1,500/room standard?**

This standard is often attributed to the Emergency Department Benchmarking Alliance, an organization of emergency services managers and others representing 800+ hospitals. It is a membership organization whose extensive database is accessible only to members. The applicant has no access to additional information about the EDBA and its derivation or use of the 1,500-visit benchmark. The applicant has not identified an American College of Emergency Physicians (ACEP) publication or action relative to this standard.

- c. Is the 1,500/room a standard or a guideline?**

The applicant does not know how your question is distinguishing between these two terms. Your questions all seem to label this as a "standard". The applicant uses the two terms interchangeably, to mean a general guideline for analyzing future capacity needs in a growth situation. HCA does not rely exclusively on one metric in planning healthcare facilities; but these guidelines in ED utilization are useful triggers for facility planning.

Page Seventeen  
August 25, 2015

**d. How were these standards developed (Industry 1500 and HCA 1800)? Did they consider factors such as average minutes per room, average minutes per level of care and room occupancy differences between 7-3, 3-11, and 11-7 shifts? If yes, how so?**

That information is unknown to the applicant.

**e. Please clarify the reason HCA's 1800 visit per ED room standard exceeds the widely used hospital planning standard of 1,500 visit per room per year.**

Please see response in 6(a).

**f. Did the applicant use the 1,500 visit or 1,800 visit per ED room standard to determine need in this proposed project?**

As the application shows, the applicant used a needs analysis projecting utilization against both of these guidelines, to illustrate that both point to a need to expand ED capacity in Summit's service area.

**g. If the applicant used the 1,500 visit standard to determine need, please explain why?**

Not applicable. This was not the sole guideline used.

**h. Please indicate if the applicant used the 1,500 or 1,800 ED standard in determining ED capacity and need in the following applications: CN1412-050 TriStar Southern Hills Medical Center Emergency Department at I-65, CN1202-2008 Horizon Medical Center Emergency Department.**

CN1412-050, Southern Hills Satellite ED: The application on record shows that both of those guidelines were presented to illustrate the need for adding capacity.

CN1202-2008 Horizon Medical Center Satellite ED: This project used a guideline of 1,500 visits per treatment room in its discussion of the need for more ED capacity.

Page Eighteen  
August 25, 2015

**7. Section B, Project Description Item III.A. (Plot Plan) and Item IV (Floor Plan)**

**a. The floor plan and plot plan appear to not match. The location of the ambulance canopy is in different locations in the floor and plot plan. Please clarify.**

The submitted site plan was prepared before the floor plan was completed. A newer site plan is attached following this page. The difference is that the newer plan shows the proper alignment of the facility upon the site.

**b. Please clarify if there will be a trauma room in the proposed satellite ER. Please discuss the reason for the decision.**

Please see the response to question 4b above, which is the same question.

**c. The future helipad is noted. Please indicate when the applicant plans to develop the helipad.**

There are no current plans for a helipad. It is shown on the drawing, and explained in the application, to demonstrate where it would be placed if and when it is implemented. TriStar Summit Medical Center defers to Wilson County EMS authorities in the decision about whether one is needed at this location. Helipad use is very infrequent even at a full service hospital.

**d. What is the capability of expansion for the proposed satellite?**

The applicant's choice of site and physical layout of the building allow for expansion of the current footprint if necessary. It can be expanded externally on the side of the facility where the CT room is shown.

Page Nineteen  
August 25, 2015

**8. Section C, Need, Item 1 (Project Specific Criteria) Construction, Renovation, Item 3.a and 3.b.**

**3.a.**

**Please discuss how sections B.II.C. (Project Need) and C.I.6 (Project Utilization) demonstrate that current utilization and conservatively projected demand for ED capacity at the applicant's facility justify the addition of a minimum of 8 treatment rooms in the Summit emergency services primary service area.**

**3.b.**

**Please discuss how the table and narrative in Section B.II.D demonstrates that ED expansion is needed.**

*(In this application, the project need analysis was provided in B.II.D, augmented with data in C.I.6. With the reviewer's permission, both supplemental questions labeled "3a" and "3b" are addressed together below.)*

The application currently discusses the justification of the project. The projected future service area demand for ED care by Summit Medical Center will soon exceed the capacity of the main campus ED to provide care without unduly long wait times. Demand at Summit is extremely high from patients who live in western Wilson County, including but not limited to the Mount Juliet area. The project addresses both needs simultaneously in CY2017, by providing in Wilson County a limited amount of additional Summit ED capacity, with the same scope of clinical care as at the main campus. The projected visit volumes of patients at both facilities will highly utilize the capacity being proposed at both locations combined.

**9. Section C, Need, Item 4A.**

**a. The applicant states in the narrative on page 36 the statewide TennCare enrollment is 18%, but in Table Nine-A on page 37 it is listed as 21%. Please clarify.**

Thank you for noting this. Attached following this page is revised replacement page 36R, correcting the TennCare enrollments and other data to be consistent with Table Nine-A, which was correct.

**August 28, 2015****4:18 pm**

Page Twenty-R  
August 25, 2015

**b. Please indicate if there are any medical underserved areas in the applicant's service area.**

Wilson County is still designated as a Medically Underserved Area, as shown on the page attached at the back of this application. But please note that it received this designation in 1978, some 37 years ago, and it has not been updated. That is a difficulty with many MUA designations.

**c. Please provide an analysis of all the Wilson County zip codes using the following table:**

<i>Variable</i>	<i>Zip Code 37090</i>	<i>Zip Code 37122</i>	<i>Zip Code 37087</i>	<i>Zip Code 37184</i>
% Applicant's Patient Origin-Yr. 1	6.4%	55.9%	17.7%	1.0%
Population, 2015	17,164	59,007	49,134	6,028
Population, 2000	12,000	33,557	31,403	4,804
Pop. Growth, 2000-2015	5,164 (43%)	25,450 (76%)	17,731 (57%)	1,224 (26%)
Square Miles	162.9	112.0	166.1	117.0
2015 Pop. Density /Sq. Mile	105.4	526.8	295.8	51.5
Median Household Income	\$61,265	\$77,953	\$54,718	\$50,665
Median Home Price	\$168,156	\$203,038	\$158,602	\$119,167
% Population in Poverty	10.0%	7.4%	13.7%	17.5%

#### **10. Section C, Need, Item 5.**

**a. It is noted TriStar operates an urgent care center (CareSpot) at 1705 W. Main Street, #211, Lebanon, TN. Please clarify the reason the applicant chose not to locate an urgent care center at Interstate 40, Exit 229 rather than a satellite ER.**

The project's objective is to improve drive time accessibility to acute care emergency care for Summit patients in Summit's primary service areas of Wilson County. It is not to provide an urgent care center, which is a type of facility offering a lower scope of services and less specialized medical personnel, in a less equipped facility that does not provide 24/7 care.

Page Twenty-One  
August 25, 2015

**b. The chart of the 9 EMS locations in Wilson County on page 44 is noted. It appears 8 of the 9 EMS locations are located in the applicant's three proposed Wilson County zip codes. Does the applicant have any letters of support from the EMS stations?**

Not at this time.

**11. Section C, Need, Item 6.**

**a. It is noted the applicant expects ED visits to increase by 5000 from 2014 to 2016. Please clarify how the applicant expects to increase ED visits by 10,000 from 2016 to 2018?**

The compound annual growth rate for this time frame is 7.99%. This expected growth rate takes into account the expected growth rate of the population of our PSA, the addition of an additional access point of care (satellite ER) and the addition of a large industrial park in close vicinity to the proposed Satellite ER facility.

**b. Please clarify how the applicant expects to increase from 55,154 ED visits in 2014 to 70,756 ED visits in 2018, a 28.2% increase. From 2012 to 2014? Summit Medical Center's Ed visits increased from 52,870 to 55,154, a 4.3% increase.**

The compound annual growth rate for 2014 to 2018 is 6.43%. Your comparison is looking at 2 years, whereas your question is looking at 4 years. The CAGR for Summit's Main ER from 2013 – 2015 is 6.90%. Further explanation of the growth rate is given in 11(a).

**c. Please complete the following tables for Summit Medical Center and University Medical Center for patient origin by zip code for CY 2014 for zip codes with patient origin over 0.15%.**

The information requested for Summit Medical Center is provided on the following page; but the applicant has no access to this information for the UMC ED because UMC does not report data to the THA Database

168  
**Summit Medical Center**  
**ED Admissions by Patient Zip**  
**FY 2014**

Source: EDW

\*volume based on admissions in the ED

Patient Zip Code	Patient City	Patient County	Total ED Patients	Cumulative Patients	% ED Patients by Zip Code	Cumulative %
37076	HERMITAGE	DAVIDSON - TN	12,768	12,768	23.15%	23.15%
37122	MOUNT JULIET	WILSON - TN	9,122	21,890	16.54%	39.69%
37214	NASHVILLE	DAVIDSON - TN	6,282	28,172	11.39%	51.08%
37138	OLD HICKORY	DAVIDSON - TN	5,988	34,160	10.86%	61.94%
37087	LEBANON	WILSON - TN	2,841	37,001	5.15%	67.09%
37013	ANTIOCH	DAVIDSON - TN	2,586	39,587	4.69%	71.78%
37217	NASHVILLE	DAVIDSON - TN	2,477	42,064	4.49%	76.27%
37115	MADISON	DAVIDSON - TN	1,778	43,842	3.22%	79.49%
37090	LEBANON	WILSON - TN	988	44,830	1.79%	81.28%
37210	NASHVILLE	DAVIDSON - TN	848	45,678	1.54%	82.82%
37211	NASHVILLE	DAVIDSON - TN	775	46,453	1.41%	84.22%
37207	NASHVILLE	DAVIDSON - TN	590	47,043	1.07%	85.29%
37206	NASHVILLE	DAVIDSON - TN	341	47,384	0.62%	85.91%
37072	GOODLETTSVILLE	DAVIDSON - TN	335	47,719	0.61%	86.52%
37184	WATERTOWN	WILSON - TN	322	48,041	0.58%	87.10%
37086	LA VERGNE	RUTHERFORD - TN	304	48,345	0.55%	87.65%
37075	HENDERSONVILLE	SUMNER - TN	258	48,603	0.47%	88.12%
37167	SMYRNA	RUTHERFORD - TN	229	48,832	0.42%	88.54%
37066	GALLATIN	SUMNER - TN	218	49,050	0.40%	88.93%
37216	NASHVILLE	DAVIDSON - TN	206	49,256	0.37%	89.31%
37209	NASHVILLE	DAVIDSON - TN	184	49,440	0.33%	89.64%
37218	NASHVILLE	DAVIDSON - TN	157	49,597	0.28%	89.92%
37208	NASHVILLE	DAVIDSON - TN	155	49,752	0.28%	90.21%
37130	MURFREESBORO	RUTHERFORD - TN	129	49,881	0.23%	90.44%
37129	MURFREESBORO	RUTHERFORD - TN	124	50,005	0.22%	90.66%
37203	NASHVILLE	DAVIDSON - TN	107	50,112	0.19%	90.86%
37015	ASHLAND CITY	CHEATHAM - TN	98	50,210	0.18%	91.04%
37030	CARTHAGE	SMITH - TN	91	50,301	0.16%	91.20%
37172	SPRINGFIELD	ROBERTSON - TN	84	50,385	0.15%	91.35%
Other	Other	Other	4,769	55,154	8.65%	100.00%
<b>Total:</b>			<b>55,154</b>	<b>55,154</b>	<b>100.00%</b>	<b>100.00%</b>

Page Twenty-Three  
August 25, 2015

**12. Section C, Economic Feasibility, Item 9**

**Please clarify if the applicant conducted a feasibility study of expanding the main ED and what that cost would be.**

The applicant has not prepared a feasibility study of expanding the main ED because such an expansion would only solve one of the goals that we are pursuing and would not improve accessibility.

**13. Section C. Economic Feasibility Item 1 (Project Cost Chart) and Item 3**

**a. Please clarify Interim Financing in the amount of \$235,000 in the Project Costs Chart.**

This is the amount that the HCA corporate financing office assigns to each funded project to represent the cost of capital during the construction period. It equates to use of commercial lender's capital when an interim construction loan is involved in a building project.

**b. Please clarify A.5 that lists 8,864 SF @ \$475 PSF. It appears the \$4,210,400 construction cost includes \$709,120 of construction cost for canopies, but not the 2,384 SF assigned to the canopies. Please clarify.**

The omission of 2,384 SF from the space total has been corrected where applicable to cost calculations; please see the response to your question number 4d (2) above. However, 8,864 SF remains as the footprint of the building; canopies should not be included in discussing building content and size.

Page Twenty-Four  
August 25, 2015

**c. The architect's letter mentions significant site work. The preparation of site cost is \$1,500,000 for the proposed project. Please discuss why the cost is 35% of construction cost and why the architect describes the site work as being "significant".**

Significant expenses will be incurred in constructing an asphalted entrance road to the project site, and in running utilities to the property from Beckwith Road. Additionally, the site will require regrading before construction can begin.

#### **14. Section C, Economic Feasibility, Item 2**

**The letter documenting funding for the proposed project is noted. If the applicant plans to fund the project with cash reserves, please state in the letter the project will be funded through cash reserves.**

Your reconsideration of this request is respectfully requested. This is the standard HCA financing letter that has been accepted by the HSDA for years. It provides funding documentation but allows flexibility for the company to fund the project from a variety of internal sources other than cash reserves, such as corporate revolving credit lines. The applicant's project will be funded by a cash transfer; but TriStar and HCA are not comfortable representing to the HSDA that any particular source of cash will be utilized. Nor has that been requested before now.

The company's financial statements document the availability of sufficient cash and credit resources to fund the project; and the letter documents the intention of the company to do so.

#### **15. Section C, Economic Feasibility, Item 3**

**a. Table Three B on page 54 is noted. The table lists construction cost on 8,864 SF on \$4,210,400, while the Square footage and cost per square footage chart in the attachment list \$3,501,280 on 8,864 SF. Please clarify.**

Again, please see the response to your question 4d(2) above and the replacement pages provided at that location.

Page Twenty-Five  
August 25, 2015

**b. The applicant notes \$475 PSF total construction cost is higher than the 2012-2014 3rd quartile construction costs PSF of \$298.66 sq./ft. because of increased construction costs over a three year period. Please indicate the reasons the applicant expects a 59% increase in construction costs in the next three years.**

In response to your question 4d(2) above, the applicant has amended the project square footage and cost per square foot to \$374.32 PSF. While this is closer to the third quartile of the HSDA average construction cost table, it is not within that quartile.

However, the HSDA table averages all types of hospital projects, none of which were a freestanding ED project, to the applicant's best knowledge. By comparison the applicant's cost expectations are reality-based; they are based on actual costs being incurred this year with ongoing projects in other markets, whose construction contracts have been awarded through a highly competitive bidding process.

**c. What is the estimated overall cost and cost/PSF to expand the existing Summit ED?**

This information is not available to the applicant without a feasibility study which cannot be conducted at this time.

**16. Section C, Economic Feasibility, Item 4 (Historical Data Chart and Projected Data Chart)**

**a. The historical data chart for Summit Medical Center is noted. Please verify the Year 2013 gross operating revenue and total operating expenses totals. If needed, please revise and resubmit.**

Those sections have been corrected on revised page 56R, the Summit Medical Center Historical Data Chart, attached following this page.

Page Twenty-Six  
August 25, 2015

**b. The Summit Medical Center Satellite ED Projected Data Chart is noted. It appears the total deductions for Year 2018 totals \$42,463,830 rather than \$40,217,650. Please revise if needed.**

Those sections have been corrected on revised page 60R, the satellite ED Projected Data Chart, attached following this page.

**c. The Summit Medical Center's consolidated ED (Main Campus and Satellite ED's) Projected Data Chart is noted. Please verify totals for Net Operating Revenue and Total Operating Expenses in 2018. Please revise if needed.**

Those sections have been corrected on revised page 64R, the consolidated ED Projected Data Chart, attached following this page.

#### **17. Section C, Economic Feasibility, Item 5**

**Table Thirteen B is noted on page 66. Please verify Average Net Operating Revenue in the amount of \$685.00.**

Revised page 66R is attached with the revised charts for question 16 above. It has been updated to reflect changes in both amended Projected Data Charts.

#### **18. Section C, Orderly Development, Item 1.**

**a. Since the proposed satellite emergency room is planned to be located in Wilson County, does the applicant have a transfer agreement with University Medical Center?**

No. That is premature until the proposed FSED is actually constructed. At that time, it will be requested.

Page Twenty-Seven  
August 25, 2015

**b. Please define the Emergency Medical Treatment and Labor Act (EMTALA).**

In 1986, Congress enacted the Emergency Medical Treatment and Labor Act (EMTALA) to ensure public access to emergency care regardless of a patient's financial resources. Section 1867 of the Social Security Act imposes specific obligations on Medicare-participating hospitals that offer emergency services to provide a medical screening examination (MSE) when a request is made for examination or treatment for an emergency medical condition (EMC), including active labor, regardless of an individual's ability to pay. Hospitals are then required to provide stabilizing treatment for patients with EMC's. If a hospital is unable to stabilize a patient within its capability, or if the patient requests, an appropriate transfer should be implemented.

**c. Please indicate where emergency OB patients will be referred for treatment from the proposed satellite ER. Also, please clarify if the OB patients would be admitted directly to the receiving facility, or would need to admit through the receiving hospital's ER.**

They will be transferred to the facility of their choice. If that facility is TriStar Summit Medical Center, they will be admitted directly to the obstetrical floor and not through the Emergency Department.

**19. Section C, Orderly Development, Item 3.**

**a. Table Eighteen on page 74 is noted. If available, please provide salary data for the Registered Nurse position from other available documented resources.**

In CY 2015, TriStar Summit's own salary range for the RN position is \$45,760 to \$67,579. This is a current figure and one that will apply within the project service area because of its proximity to Summit.

**b. Table Nineteen is noted. Please clarify if one "FTE" is based on a 40-hour week.**

Yes, one Full Time Equivalent (FTE) is based on a 40-hour workweek.

Page Twenty-Eight  
August 25, 2015

**c. How many additional ED physicians will need to be recruited for the proposed project?**

The project will require the recruitment of two additional ED Physicians.

**20. Section C, Orderly Development, Item 7.d**

**Please provide a copy of the latest Joint Commission Accreditation survey including any approved plan of action.**

This is attached after the end of this letter.

**21. Proof of Publication**

**Please submit a copy of the full page of the newspaper in which the notice of intent appeared with the mast and dateline intact or submit a publication affidavit which is supplied by the newspaper as proof of the publication of the letter of intent.**

This is attached following this page.


**22. Affidavit**

**A signed and notarized affidavit must be submitted with each filing of an application and supplemental information. An affidavit was not included with this application. Please submit a completed affidavit for the original application and one for the supplemental information. Please note there is an affidavit form for the original filing and a separate form for supplemental responses.**

Both affidavits are attached following this page.

Thank you for your assistance. We hope this provides the information needed to accept the application into the next review cycle. If more is needed please email or telephone me so that we can respond in time to be deemed complete.

Respectfully,

  
John Wellborn  
Consultant

AFFIDAVITSTATE OF TENNESSEECOUNTY OF DAVIDSON

JOHN WELLBORN, being first duly sworn, says that he is the lawful agent of the applicant named in this application, that this project will be completed in accordance with the application to the best of the agent's knowledge, that the agent has read the directions to this application, the Rules of the Health Services and Development Agency, and T.C.A. § 68-11-1601, *et seq.*, and that the responses to this application or any other questions deemed appropriate by the Health Services and Development Agency are true and complete to the best of the agent's knowledge.

John K. Wellborn  
SIGNATURE/TITLE  
CONSULTANT

Sworn to and subscribed before me this 14<sup>th</sup> day of August, 2015 a Notary  
(Month) (Year)

Public in and for the County/State of DAVIDSON

J. M. I.  
NOTARY PUBLIC

My commission expires July 2, 2018  
(Month/Day) (Year)



AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

NAME OF FACILITY:

TRISTAR SUMMIT MEDICAL CENTER ED AT MT. JULIET

I, JOHN WELLBORN, after first being duly sworn, state under oath that I am the lawful agent of the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete to the best of my knowledge.

John Wellborn  
Signature/Title  
CONSULTANT

Sworn to and subscribed before me, a Notary Public, this the 25<sup>th</sup> day of August, 2015,  
witness my hand at office in the County of DAVIDSON, State of Tennessee.

[Signature]  
NOTARY PUBLIC

My commission expires July 2, 2018.

HF-0043

Revised 7/02



# Supplemental #2 -COPY-

TriStar Summitt Medical  
Center Emergency Dept at  
Mount Juliet

CN1508-031

**August 28, 2015****4:18 pm**

August 28, 2015

Phillip M. Earhart, HSD Examiner  
Tennessee Health Services and Development Agency  
Andrew Jackson Building, 9<sup>th</sup> Floor  
502 Deaderick Street  
Nashville, TN 37243

RE: CON Application CN1508-031  
TriStar Summit Medical Center Emergency Department at Mount Juliet

Dear Mr. Earhart:

This letter responds to your second request for supplemental information on this application. The items below are numbered to correspond to your questions. They are provided in triplicate, with affidavit.

**1. Section A., Applicant Profile, Item 6**

**Please provide a copy of the deed from B & B Enterprises to document site control.**

It is attached following this page. The 4982 Beckwith Road address on the deed is for a large tract of 20+ acres that includes the much smaller parcel on which this project will be developed. Our option is only for an unaddressed portion of the large tract controlled by B&B. So the deed properly documents the optionor's control of our project site.

**2. Section C, Need, Item 4A.**

**The analysis of all the Wilson County Zip Codes is noted. However, please clarify the reason there are questions marks in Zip Code 37184 for the field labeled "% Applicant's Patient Origin-Yrs. 1".**

This was a typographical error. It has been deleted from that zip code field on revised replacement page Twenty(R) of the first supplemental response, attached after this page, following the deed. The estimated percentage is 1%, approximately 101 visits.

**August 28, 2015****4:18 pm**

Page Two  
August 28, 2015

**3. Section C, Economic Feasibility, Item 4 (Historical Data Chart and Projected Data Chart)**

The applicant was requested to verify the Year 2013 gross operating revenue and total operating expenses totals in the historical data chart for Summit Medical Center. However, the applicant instead provided the Historical Data Chart for the Summit Medical Center Emergency Department (page 56R). Please provide the revised Summit Medical Center historical data chart as replacement page 56.

It is attached following this page, as revised replacement page 56R.

**4. Section C, Orderly Development, Item 7.d**

Please provide a copy of the latest Joint Commission Accreditation survey including any approved plan of action.

The latest survey is provided after the end of this letter. There is no approved plan of action. The awarded three-year accreditation is evidence of compliance. It was provided in the original submission.

**Additional Information from Applicant:** Attached after the Joint Commission survey is some material further describing EMCARE.

Thank you for your assistance. We hope this provides the information needed to accept the application into the next review cycle. If more is needed please email or telephone me so that we can respond in time to be deemed complete.

Respectfully,

John Wellborn  
Consultant

**August 28, 2015****4:18 pm****The Joint Commission****Official Accreditation Report**

**TriStar Summit Medical Center**  
**5655 Frist Boulevard**  
**Hermitage, TN 37076**

**Organization Identification Number: 7806****Evidence of Standards Compliance (45 Day) Submitted: 7/10/2015**

## Executive Summary

**Program(s)**  
Hospital Accreditation

**Submit Date**  
7/10/2015

**Hospital Accreditation :**

As a result of the accreditation activity conducted on the above date(s), there were no Requirements for Improvement identified.

You will have follow-up in the area(s) indicated below:

- Measure of Success (MOS) – A follow-up Measure of Success will occur in four (4) months.

If you have any questions, please do not hesitate to contact your Account Executive.

Thank you for collaborating with The Joint Commission to improve the safety and quality of care provided to patients.

**August 28, 2015****4:18 pm****Requirements for Improvement – Summary**

<b>Program</b>	<b>Standard</b>	<b>Level of Compliance</b>
HAP	EC.02.03.01	Compliant
HAP	EC.02.05.01	Compliant
HAP	IC.02.02.01	Compliant
HAP	MM.05.01.01	Compliant
HAP	PC.02.01.03	Compliant
HAP	PC.02.01.11	Compliant
HAP	PC.02.02.03	Compliant

**The Joint Commission  
Summary of CMS Findings**

**SUPPLEMENTAL #2**

**August 28, 2015**

**4:18 pm**

**CoP:** §482.24      **Tag:** A-0431      **Deficiency:** Compliant

**Corresponds to:** HAP

**Text:** §482.24 Condition of Participation: Medical Record Services

The hospital must have a medical record service that has administrative responsibility for medical records. A medical record must be maintained for every individual evaluated or treated in the hospital.

CoP Standard	Tag	Corresponds to	Deficiency
§482.24(c)(2)	A-0450	HAP - PC.02.01.03/EP1	Compliant

**CoP:** §482.41      **Tag:** A-0700      **Deficiency:** Compliant

**Corresponds to:** HAP

**Text:** §482.41 Condition of Participation: Physical Environment

The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.

CoP Standard	Tag	Corresponds to	Deficiency
§482.41(b)	A-0709	HAP - EC.02.03.01/EP1	Compliant

**CoP:** §482.42      **Tag:** A-0747      **Deficiency:** Compliant

**Corresponds to:** HAP - EC.02.05.01/EP15

**Text:** §482.42 Condition of Participation: Infection Control

The hospital must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the prevention, control, and investigation of infections and communicable diseases.

**CoP:** §482.51      **Tag:** A-0940      **Deficiency:** Compliant

**Corresponds to:** HAP

**Text:** §482.51 Condition of Participation: Surgical Services

If the hospital provides surgical services, the services must be well organized and provided in accordance with acceptable standards of practice. If outpatient surgical services are offered the services must be consistent in quality with inpatient care in accordance with the complexity of services offered.

CoP Standard	Tag	Corresponds to	Deficiency
§482.51(b)	A-0951	HAP - IC.02.02.01/EP2	Compliant



**August 28, 2015****4:18 pm****Official Accreditation Report**

TriStar Summit Medical Center  
5655 Frist Boulevard  
Hermitage, TN 37076

**Organization Identification Number: 7806**

**Evidence of Standards Compliance (60 Day) Submitted: 8/7/2015**

## Executive Summary

**Program(s)**  
Hospital Accreditation

**Submit Date**  
8/7/2015

**Hospital Accreditation :**

As a result of the accreditation activity conducted on the above date(s), there were no Requirements for Improvement identified.

You will have follow-up in the area(s) indicated below:

- Measure of Success (MOS) – A follow-up Measure of Success will occur in four (4) months.

If you have any questions, please do not hesitate to contact your Account Executive.

Thank you for collaborating with The Joint Commission to improve the safety and quality of care provided to patients.

**August 28, 2015****4:18 pm****Requirements for Improvement – Summary**

<b>Program</b>	<b>Standard</b>	<b>Level of Compliance</b>
HAP	EC.02.02.01	Compliant
HAP	EC.02.03.05	Compliant
HAP	EC.02.05.09	Compliant
HAP	EC.02.06.01	Compliant
HAP	IC.02.01.01	Compliant
HAP	LD.04.01.07	Compliant
HAP	LS.02.01.30	Compliant
HAP	PC.01.02.03	Compliant
HAP	PC.01.03.01	Compliant
HAP	RC.01.01.01	Compliant

The Joint Commission  
Summary of CMS Findings

**SUPPLEMENTAL #2**

**August 28, 2015**

**4:18 pm**

**CoP:** §482.23 **Tag:** A-0385 **Deficiency:** Compliant

**Corresponds to:** HAP

**Text:** §482.23 Condition of Participation: Nursing Services

The hospital must have an organized nursing service that provides 24-hour nursing services. The nursing services must be furnished or supervised by a registered nurse.

CoP Standard	Tag	Corresponds to	Deficiency
§482.23(b)(4)	A-0396	HAP - PC.01.03.01/EP23	Compliant

**CoP:** §482.24 **Tag:** A-0431 **Deficiency:** Compliant

**Corresponds to:** HAP

**Text:** §482.24 Condition of Participation: Medical Record Services

The hospital must have a medical record service that has administrative responsibility for medical records. A medical record must be maintained for every individual evaluated or treated in the hospital.

CoP Standard	Tag	Corresponds to	Deficiency
§482.24(c)(1)	A-0450	HAP - RC.01.01.01/EP19	Compliant

**CoP:** §482.26 **Tag:** A-0528 **Deficiency:** Compliant

**Corresponds to:** HAP

**Text:** §482.26 Condition of Participation: Radiologic Services

The hospital must maintain, or have available, diagnostic radiologic services. If therapeutic services are also provided, they, as well as the diagnostic services, must meet professionally approved standards for safety and personnel qualifications.

CoP Standard	Tag	Corresponds to	Deficiency
§482.26(b)	A-0535	HAP - LD.04.01.07/EP2	Compliant

**CoP:** §482.41 **Tag:** A-0700 **Deficiency:** Compliant

**Corresponds to:** HAP

**Text:** §482.41 Condition of Participation: Physical Environment

The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.

**The Joint Commission  
Summary of CMS Findings**

**SUPPLEMENTAL #2**

**August 28, 2015**

**4:18 pm**

CoP Standard	Tag	Corresponds to	Deficiency
§482.41(a)	A-0701	HAP - EC.02.02.01/EP5, EC.02.06.01/EP1	Compliant
§482.41(c)(2)	A-0724	HAP - EC.02.03.05/EP13, EC.02.05.09/EP3	Compliant
§482.41(b)(1)(i)	A-0710	HAP - LS.02.01.30/EP7, EP23	Compliant
§482.41(c)(4)	A-0726	HAP - EC.02.06.01/EP13	Compliant

**CoP:** §482.42      **Tag:** A-0747      **Deficiency:** Compliant

**Corresponds to:** HAP - IC.02.01.01/EP1

**Text:** §482.42 Condition of Participation: Infection Control

The hospital must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the prevention, control, and investigation of infections and communicable diseases.

**CoP:** §482.51      **Tag:** A-0940      **Deficiency:** Compliant

**Corresponds to:** HAP

**Text:** §482.51 Condition of Participation: Surgical Services

If the hospital provides surgical services, the services must be well organized and provided in accordance with acceptable standards of practice. If outpatient surgical services are offered the services must be consistent in quality with inpatient care in accordance with the complexity of services offered.

CoP Standard	Tag	Corresponds to	Deficiency
§482.51(b)(1)(ii)	A-0952	HAP - PC.01.02.03/EP5	Compliant

**CoP:** §482.57      **Tag:** A-1151      **Deficiency:** Compliant

**Corresponds to:** HAP

**Text:** §482.57 Condition of Participation: Respiratory Care Services

The hospital must meet the needs of the patients in accordance with acceptable standards of practice. The following requirements apply if the hospital provides respiratory care services.

CoP Standard	Tag	Corresponds to	Deficiency
§482.57(b)	A-1160	HAP - LD.04.01.07/EP2	Compliant



August 28, 2015

4:18 pm

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

NAME OF FACILITY:

Mount Juliet - Summit Medical Center Emergency Dept

I, JOHN WELLBORN, after first being duly sworn, state under oath that I am the lawful agent of the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete to the best of my knowledge.

John Wellborn  
Signature/Title  
CONSULTANT

Sworn to and subscribed before me, a Notary Public, this the 28<sup>th</sup> day of August, 2015,  
witness my hand at office in the County of DAVIDSON, State of Tennessee.

Sam I  
NOTARY PUBLIC

My commission expires July 2, 2018.

HF-0043

Revised 7/02





**LETTER OF INTENT -- HEALTH SERVICES & DEVELOPMENT AGENCY**

The Publication of Intent is to be published in the Tennessean, which is a newspaper of general circulation in Wilson County, Tennessee, on or before August 10, 2015, for one day.

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This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. Sections 68-11-1601 et seq., and the Rules of the Health Services and Development Agency, that TriStar Summit Medical Center Emergency Department at Mt. Juliet (a proposed satellite emergency department of TriStar Summit Medical Center, a hospital), to be owned and managed by HCA Health Services of Tennessee, Inc. (a corporation), intends to file an application for a Certificate of Need to establish a satellite emergency department facility at an unaddressed site in Wilson County, in the southwest quadrant of the intersection of I-40 and Beckwith Road (near Exit 229). The site is approximately 100 yards west of Beckwith Road on an access drive at Smyrna Ready Mix, whose address is 4910 Beckwith Road. The project cost is estimated at \$11,107,000.

The proposed satellite facility will contain eight treatment rooms. It will provide emergency diagnostic and treatment services, for which all necessary diagnostic services will be available, including laboratory, X-ray, ultrasound, and CT scanning. It will not contain major medical equipment, or initiate or discontinue any other health service, or affect any facility's licensed bed complements. The facility will be operated under TriStar Summit Medical Center's 196-bed acute care hospital license, granted by the Board for Licensing Health Care Facilities.

The anticipated date of filing the application is on or before August 14, 2015. The contact person for the project is John Wellborn, who may be reached at Development Support Group, 4219 Hillsboro Road, Suite 210, Nashville, TN 37215; (615) 665-2022.

John Wellborn 8-10-15      jwdsg@comcast.net  
(Signature)                      (Date)                      (E-mail Address)

**SUPPORT LETTER(S)**

**Summit Medical Center Satellite**  
**Emergency Department**

**CN1508-031**

RESOLUTION - 46-2015

**A RESOLUTION TO SUPPORT A PROPOSED TRISTAR SUMMIT  
FREESTANDING EMERGENCY ROOM AT MT. JULIET TENNESSE**

**WHEREAS**, Mt. Juliet is one of the fastest growing cities in Tennessee; and

**WHEREAS**, Mt. Juliet citizens currently have no comprehensive, outpatient emergency medical services within the city limits; and

**WHEREAS**, Mt. Juliet desires to locate these services in the city limits for ease of access to all citizens; and

**WHEREAS**, TriStar Summit Medical Center has responded to the call from Mt. Juliet officials to help address the healthcare needs of a growing population; and

**WHEREAS**, TriStar Summit Medical Center is the leading provider of healthcare services to the citizens of Mt. Juliet and wishes to build upon its long-term relationship with the community; and

**WHEREAS**, TriStar Summit Medical Center offers high-quality health care for all patients, regardless of their ability to pay; and

**WHEREAS**, TriStar Summit Medical Center is continuing to invest in a freestanding emergency room that would provide adult and pediatric emergency services as an extension of the hospital, within the city limits of Mt. Juliet; and

**WHEREAS**, TriStar Summit Medical Center has already invested in the Mt. Juliet community and has established TriStar Summit Medical Plaza; a medical office building that provides diagnostic and outpatient services as well as physician and medical office space within the city limits of Mt. Juliet; and

**WHEREAS**, TriStar Summit Medical Center fosters a culture of inclusion and diversity across all areas which embrace and enrich its workforce, physicians, patients, partners and communities; and

**WHEREAS**, there will be no cost to the City of Mt. Juliet or Wilson County and its taxpayers to build this freestanding emergency room or fund its operating costs on an ongoing basis; and

**WHEREAS**, the Tennessee Health Services and Development Agency (HSDA) will decide the future of the proposed TriStar Summit freestanding emergency room at Mt. Juliet at a future meeting;

**THEREFORE**, the Mt. Juliet Board of Commissioners pledges its support of TriStar Summit Medical Center's proposal and urges the HSDA to approve its request for a Certificate of Need.

Section 1. In the event of conflict between this resolution or any part hereof, and the whole or part of any existing resolution of the City, the conflicting resolution is repealed to the extent of the conflict but no further.

Section 2. If any section, clause, provision or portion of the resolution is held to be invalid or unconstitutional by any court of competent jurisdiction, such holding shall not affect any other section, clause, provision or portion of the resolution.

Section 3. This Resolution shall take effect at the earliest date allowed by law, the public welfare requiring it.

**ADOPTED** on this date, the 24th day of August 2015.

PASSED:

8/24/15


ATTEST:

  
\_\_\_\_\_  
Ed Haggerty, Mayor

  
\_\_\_\_\_  
Sheila S. Lockett, MMC  
City Recorder

  
\_\_\_\_\_  
Kenny Martin, City Manager

APPROVED AS TO FORM:

  
\_\_\_\_\_  
L. Gino Marchetti  
City Attorney

October 21, 2015

Excellence. Tailored to the Patient

Ms. Melanie Hill  
Executive Director  
Tennessee Health Services and Development Agency  
Andrew Jackson Building, Ninth Floor  
502 Deaderick Street  
Nashville, TN 37243

RE: Proposed TriStar Summit Freestanding Emergency Room

Dear Ms. Hill:

I am writing to express my support for TriStar's proposed freestanding emergency room in Mt. Juliet. As a surgeon at TriStar Summit Medical Center, I have seen the number of ER patients from that area increase substantially over the past two or three years and I know these patients would benefit from the proposed freestanding emergency room at Beckwith Road and I-40.

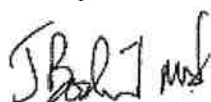
Mt. Juliet and Wilson County have experienced monumental growth in recent years, and our access to high-quality health care must keep up. The new ER will give area residents better access to the care they need, while providing a \$11 million investment in the community.

TriStar Summit has a great relationship with the Mt. Juliet community, so it only makes sense to ensure the area's growing population has reliable and convenient access to emergency care.

I urge the Health Services and Development Agency to approve this proposal when you meet in November.

Thank you for your time and consideration.

Sincerely,



John A. Boskind, M.D.

Roger A. Bonau, MD  
Matthew J. Borkon, MD  
John A. Boskind, MD  
Mark E. Cooper, MD  
Jeffery B. Dattilo, MD  
William H. Edwards, Jr., MD, MBA  
JimBob Faulk, MD  
Bryan T. Fisher, MD  
Alex Brent Fruin, MD  
Richard J. Geer, MD  
Trudie A. Goers MD  
Bassam N. Helou, MD  
Ashley A. Hendrix, MD  
John E. Keyser, III, MD  
Billy J. Kim, MD  
Allen P. Lee, MD  
Dwayne Lett, MD  
George B. Lynch, MD  
Clinton A. Marlar, MD  
Raymond S. Martin, III, MD  
James G. McDowell, Jr., MD  
Gregory E. Neal, MD  
William H. Polk, Jr., MD  
Drew H. Reynolds, MD  
Marc E. Rosen, DO  
Stanley O. Snyder, Jr., MD, RYT  
K. Tyson Thomas, MD  
Michael C. Thomas, MD  
Patrick S. Wolf, MD

Aaron Fitzsimmons, CP, OT, FAAOP  
Meredith H. Spruill, ACNP-BC  
Christine T. Cahill, ANP-BC

Robert H. McCorkle, MBA, MPH  
Chief Executive Officer

[www.tsclinic.com](http://www.tsclinic.com)

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Lebanon, TN 37090  
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*Skyline Clinic*  
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*Vascular Procedure Centre*  
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Ms. Melanie Hill  
Executive Director  
Tennessee Health Services and Development Agency  
Andrew Jackson Building, Ninth Floor  
502 Deaderick Street  
Nashville, TN 37243

RE: Proposed TriStar Summit Freestanding Emergency Room

Dear Ms. Hill:

For the past few years I have cared for Mt. Juliet patients as a vascular surgeon, and I value the longstanding relationship I have had with TriStar Summit Medical Center. As the Mt. Juliet community grows, so should access to basic services such as health care. We must expand to meet the needs of our neighbors.

TriStar Summit served more than 55,000 emergency room patients in 2014. That number is anticipated to rise in 2015. The proposed emergency room will help with patient access and will give Mt. Juliet patients the care they need closer to home.

It is a core value of my practice that we care for not only our patients, but also their quality of life. The new ER would be a great asset to the Mt. Juliet community. I encourage the HSDA to approve TriStar Summit Medical Center's Certificate of Need application when the board meets in November.

Sincerely,



Billy J. Kim, M.D.

*Vascular Procedure Centre*  
28 White Bridge Rd., Suite 108  
Nashville, TN 37205  
Phone: (615) 938-7545  
Fax: (615) 938-7546

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RE: Proposed TriStar Summit Freestanding Emergency Room

Dear Ms. Hill:

As a surgeon at TriStar Summit Medical Center, I see patients every day who would benefit from the proposed freestanding emergency room at Beckwith Road and I-40.

Mt. Juliet and Wilson County have experienced monumental growth in recent years, and our access to high-quality health care must keep up. The new ER will give area residents better access to the care they need, while providing a \$11 million investment in the community.

The new facility will feature eight treatment rooms and be equipped to care for both adult and pediatric patients. This is a vital consideration for this growing area.

Thank you for your time. I hope the Health Services and Development Agency will grant TriStar Summit Medical Center the approval it needs to build a new freestanding emergency room for the Mt. Juliet community.

Sincerely,



Alex Brent Fruin, M.D.

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# Centennial Heart <sup>AT</sup> SUMMIT

www.centennialheart.com

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Todd A. Dorfman, MD, FACC  
Timothy K. Kreth, MD, FACC, FSCAI  
Taral N. Patel, MD, FACC, FSCAI  
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#### CENTENNIAL

Gregory G. Bashian, MD, FACC  
P. Peter Borek, MD  
Byron Baltas, MD  
David C. Huneycutt, Jr., MD, FACC  
Brian K. Jefferson, MD, FACC  
Thomas S. Johnston, MD, FACC  
R. Christopher Jones, MD, FACC  
A. Thomas McRae III, MD, FACC  
Paul Robert Myers, PhD, MD, FACC, FSCAI  
Parag R. Patel, MD  
John A. Riddick, MD, FACC  
J. Greg Silkes, MD  
Jeffrey C. Webber, MD, FACC  
Robert M. Wheatley, MD, FACC

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Sunil C. Kaza, MD, FACC  
Terry R. Keich, MD  
Brian R. Long, MD, FACC

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#### STONECREST

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Nelson J. Mangione, MD, FACC

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#### Diplomates Of:

- American Board of Internal Medicine
- Cardiovascular Disease
- Interventional Cardiology
- Cardiac Electrophysiology
- Advanced Heart Failure and Heart Transplantation
- Clinical Hypertension

October 13, 2015

Ms. Melanie Hill  
Executive Director  
Tennessee Health Services and Development Agency  
Andrew Jackson Building, Ninth Floor  
502 Deaderick Street  
Nashville, TN 37243

RE: Proposed TriStar Summit Freestanding Emergency Room

Dear Ms. Hill:

As a cardiologist at TriStar Summit Medical Center, I see patients every day that would benefit from the proposed freestanding emergency room at Beckwith Road and I-40.

Mt. Juliet and Wilson County have experienced monumental growth in recent years, and access to high-quality health care must keep up. The new ER will give area residents better access to the care they need, while providing a \$11 million investment in the community.

The new facility will feature eight treatment rooms and be equipped to care for both adult and pediatric patients. This is a vital consideration for this growing area.

Thank you for your time. I hope the Health Services and Development Agency will grant TriStar Summit Medical Center the approval it needs to build a new freestanding emergency room for the Mt. Juliet community.

Sincerely,



Donald Crumbo, MD  
Interventional Cardiologist

# Centennial Heart AT SUMMIT

www.centennialheart.com

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Todd A. Dorfman, MD, FACC  
Timothy K. Kreth, MD, FACC, FSCAI  
Taral N. Patel, MD, FACC, FSCAI  
Evan T. Russell, MD  
Thomas A. Williams, Jr., MD

5651 Frist Boulevard  
Suite 603  
Hermitage, TN 37076  
615-889-1968  
Fax 615-889-8527

#### CENTENNIAL

Gregory G. Bashlan, MD, FACC  
P. Peter Borek, MD  
Byron Hallas, MD  
David C. Huneycutt, Jr., MD, FACC  
Brian K. Jefferson, MD, FACC  
Thomas S. Johnston, MD, FACC  
R. Christopher Jones, MD, FACC  
A. Thomas McRae III, MD, FACC  
Paul Robert Myers, PhD, MD, FACC, FSCAI  
Parag R. Patel, MD  
John A. Riddick, MD, FACC  
J. Greg Silkes, MD  
Jeffrey C. Webber, MD, FACC  
Robert M. Wheatley, MD, FACC

2400 Patterson Street  
Physicians Park  
Suite 502  
Nashville, TN 37203  
615-515-1900  
800-515-0019  
Fax 615-292-4633

#### SKYLINE

Christopher N. Conley, MD  
Sunil C. Kaza, MD, FACC  
Terry R. Keich, MD  
Brian R. Long, MD, FACC

3443 Dickerson Pike  
Suite 430  
Nashville, TN 37207  
615-868-0352  
Toll Free 1-800-277-9715  
Fax 615-868-4076

#### STONECREST

Thomas H. Cabell, Jr., MD, FACC  
Nelson J. Mangione, MD, FACC

300 Stonecrest Boulevard  
Suite 410  
Smyrna, TN 37167  
615-220-6144  
Fax 615-220-3663

#### Diplomates Of:

- American Board of Internal Medicine
- Cardiovascular Disease
- Interventional Cardiology
- Cardiac Electrophysiology
- Advanced Heart Failure and Heart Transplantation
- Clinical Hypertension

October 20, 2015

Ms. Melanie Hill  
Executive Director  
Tennessee Health Services and Development Agency  
Andrew Jackson Building, Ninth Floor  
502 Deaderick Street  
Nashville, TN 37243

RE: Proposed TriStar Summit Freestanding Emergency Room

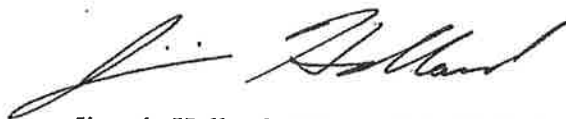
Dear Ms. Hill:

I am the Practice Manager for Centennial Heart at Summit. My team consistently sees patients from the Mt. Juliet community. I know these patients would benefit from the proposed freestanding emergency room at Beckwith Road and I-40.

This \$11 million investment will provide our community with better access to the care they need. I know the eight treatment rooms and geographic vicinity will prove to be a valuable asset in serving our community.

Thank you for your consideration. I hope that your agency will grant Tristar Summit Medical Center the approval it needs to continue providing excellent care to the growing community in Mt. Juliet.

Sincerely,



Jimmie Holland, MBA, MHA, FACMPE  
Practice Manager



754 NORTH MOUNT JULIET ROAD • MOUNT JULIET, TENNESSEE 37122  
P: 615-754-2828 • F: 615-754-2818 • WWW.MJFAMILYCARE.COM

*Our Family... Caring for Yours.*

Jim Cheeks, NP | Bruce McLaughlin, NP | Christina Savage, NP | Andrea Weddle, CNM, NP

October 27, 2015

Ms. Melanie Hill  
Executive Director  
Tennessee Health Services and Development Agency  
Andrew Jackson Building, Ninth Floor  
502 Deaderick Street  
Nashville, TN 37243

RE: Proposed TriStar Summit Freestanding Emergency Room

Dear Ms. Hill,

I am writing to express my support for TriStar's proposed freestanding emergency room in Mt. Juliet. As a primary care provider in Mt. Juliet, I have seen the numbers of ER patients from this area increase substantially over the past few years.

Many of my patients prefer Summit Medical Centers ER and trust the services they provide but at times they have extended wait times due to the volume of patients utilizing the ER after hours and on the weekends. I believe a free standing ER would be very convenient and beneficial for my patients and the community of Mt. Juliet.

I urge the Health Services and Development Agency to approve this proposal when you meet in November.

Sincerely,

A handwritten signature in cursive script that reads "Jim Cheeks".

Jim Cheeks, NP



754 NORTH MOUNT JULIET ROAD • MOUNT JULIET, TENNESSEE 37122  
P: 615-754-2828 • F: 615-754-2818 • WWW.MJFAMILYCARE.COM

*Our Family... Caring for Yours.*

Jim Cheeks, NP | Bruce McLaughlin, NP | Christina Savage, NP | Andrea Weddle, CNM, NP

October 29, 2015

Ms. Melanie Hill  
Executive Director  
Tennessee Health Services and Development Agency  
Andrew Jackson Building, Ninth Floor  
502 Deaderick Street  
Nashville, TN 37243

RE: Proposed TriStar Summit Freestanding Emergency Room

Dear Ms. Hill,

I am writing to express my support for TriStar's proposed freestanding emergency room in Mt. Juliet. As a primary care provider in Mt. Juliet, I have seen the numbers of ER patients from this area increase substantially over the past few years.

Many of my patients prefer Summit Medical Centers ER and trust the services they provide but at times they have extended wait times due to the volume of patients utilizing the ER after hours and on the weekends. I believe a free standing ER would be very convenient and beneficial for my patients and the community of Mt. Juliet.

I urge the Health Services and Development Agency to approve this proposal when you meet in November.

Sincerely,

A handwritten signature in cursive script that reads "Andrea D. Weddle".

Andrea D. Weddle CNM, FNP



754 NORTH MOUNT JULIET ROAD • MOUNT JULIET, TENNESSEE 37122  
P. 615-754-2828 • F. 615-754-2818 • WWW.MJFAMILYCARE.COM

*Our Family... Caring for Yours.*

Jim Cheeks, NP | Bruce McLaughlin, NP | Christina Savage, NP | Andrea Weddle, CNM, NP

October 29, 2015

Ms. Melanie Hill  
Executive Director  
Tennessee Health Services and Development Agency  
Andrew Jackson Building, Ninth Floor  
502 Deaderick Street  
Nashville, TN 37243

RE: Proposed TriStar Summit Freestanding Emergency Room

Dear Ms. Hill,

I am writing to express my support for TriStar's proposed freestanding emergency room in Mt. Juliet. As a primary care provider in Mt. Juliet, I have seen the numbers of ER patients from this area increase substantially over the past few years.

Many of my patients prefer Summit Medical Centers ER and trust the services they provide but at times they have extended wait times due to the volume of patients utilizing the ER after hours and on the weekends. I believe a free standing ER would be very convenient and beneficial for my patients and the community of Mt. Juliet.

I urge the Health Services and Development Agency to approve this proposal when you meet in November.

Sincerely,

A handwritten signature in black ink, appearing to read "Bruce McLaughlin, NP". The signature is stylized and cursive.

Bruce McLaughlin, NP

*Del Webb*  
at Lake Providence

September 8, 2015

Ms. Melanie Hill  
Executive Director  
Tennessee Health Services and Development Agency  
Andrew Jackson Building, Ninth Floor  
502 Deaderick Street  
Nashville, TN 37243

RE: Proposed TriStar Summit Freestanding Emergency Room

Ms. Hill:

I am the Lifestyle Director of Del Webb at Lake Providence in Mt. Juliet. There are many positives that come with a growing population. However, as our thriving community grows, the need for nearby quality health care becomes even more important to my aging residents. This is why I fully support the proposed TriStar Summit Medical Center emergency room in Mt. Juliet.

My customers and our entire Del Webb community would all benefit greatly from TriStar Summit's ER. TriStar Summit plans to invest \$11 million into our community, which demonstrates their commitment to our growing area. The convenience and positive economic impact would be invaluable for residents and local businesses.

I urge the Health Services and Development Agency to approve TriStar Summit's certificate of need application when you meet on November 18, 2015.

Thank you for your consideration of this request,



Erin Brown  
Lifestyle Director, Del Webb Lake Providence

## Plummer Julie

---

**From:** Haney Long <noreply@jotform.com>  
**Sent:** Sunday, September 06, 2015 2:55 PM  
**To:** Plummer Julie  
**Subject:** [EXTERNAL] TriStar Summit Freestanding ER Feedback

/JotForm

**Question**

Your Name

Address

Your E-mail Address

Phone Number

Your Message

**Answer**

Haney Long

Street Address: 505 Inaugural Drive

City: Mt. Juliet

State / Province: TN

Postal / Zip Code: 37122

Country: United States

[haneylong@tds.net](mailto:haneylong@tds.net)

(615) 7582727

Dear Mrs. Hill,

The only emergency service provider available in Mt. Juliet are walk-in clinics and are not set up to handle true emergencies.

Sincerely,

## Plummer Julie

---

**From:** Jane Brent <noreply@jotform.com>  
**Sent:** Friday, September 04, 2015 7:49 PM  
**To:** Plummer Julie  
**Subject:** [EXTERNAL] TriStar Summit Freestanding ER Feedback

/JotForm

### Question

Your Name

Address

Your E-mail Address

Phone Number

Your Message

### Answer

Jane Brent

Street Address: 313 Patriotic Way  
City: Mt. Juliet  
State / Province: TN  
Postal / Zip Code: 37122  
Country: United States

[jbrent127@gmail.com](mailto:jbrent127@gmail.com)

(615) 605-5005

Dear Mrs. Hill,  
I believe this will be a win-win situation.

Sincerely,

Jane Brent

## Plummer Julie

---

**From:** John Brandon <noreply@jotform.com>  
**Sent:** Thursday, September 03, 2015 4:43 PM  
**To:** Plummer Julie  
**Subject:** [EXTERNAL] TriStar Summit Freestanding ER Feedback

 JotForm

**Question**

Your Name

Address

Your E-mail Address

Phone Number

Your Message

**Answer**

John Brandon

Street Address: 536 Calibre Lane

Street Address Line 2: Del Webb

City: Mt Juliet

State / Province: TN

Postal / Zip Code: 37122

[jobrando@tds.net](mailto:jobrando@tds.net)

(615) 754-8728

Dear Mrs. Hill, So pleased to hear about the great news that an emergency center is coming to S. Beckwith Rd.

Sincerely,  
Alberta Brandon  
Del Webb

## Plummer Julie

---

**From:** Diane Fitzpatrick <noreply@jotform.com>  
**Sent:** Thursday, September 03, 2015 1:56 PM  
**To:** Plummer Julie  
**Subject:** [EXTERNAL] TriStar Summit Freestanding ER Feedback

/JotForm

### Question

Your Name

Address

Your E-mail Address

Phone Number

Your Message

### Answer

Diane Fitzpatrick

Street Address: 125 Old Towne Drive  
City: Mt. Juliet  
State / Province: TN  
Postal / Zip Code: 37122  
Country: United States

[dfitzpat63@gmail.com](mailto:dfitzpat63@gmail.com)

(818) 5216643

Dear Mrs. Hill,

Being a retired medical professional myself I can fully support the plans for a satellite ED on Beckwith Rd. I live in the Del Webb community of seniors at Lake Providence; we would be minutes away from the facility which in addition to being conveniently located, would allow us to avoid the traffic jams on I40. Earlier access to professional emergency services would certainly save lives in this area which is congested with traffic. Delays in travel time are the norm rather than the exception.

Sincerely,

Diane M Fitzpatrick

## Plummer Julie

---

**From:** Michael Fitzpatrick <noreply@jotform.com>  
**Sent:** Thursday, September 03, 2015 1:32 PM  
**To:** Plummer Julie  
**Subject:** [EXTERNAL] TriStar Summit Freestanding ER Feedback

/ JotForm

### Question

Your Name

Address

Your E-mail Address

Phone Number

Your Message

### Answer

Michael Fitzpatrick

Street Address: 125 Old Towne Drive

City: Mt Juliet

State / Province: TN

Postal / Zip Code: 37122

Country: United States

[mfitz@mychoice.net](mailto:mfitz@mychoice.net)

(618) 9679735

Dear Mrs. Hill,

Very supportive of the expansion of services being proposed i.e. the emergency room to be built on Beckwith Drive. I live in Del Webb Lake Providence and this would certainly be much more convenient for the seniors in my community and provide us with much needed medical services closer to our home.

Sincerely,

Michael Fitzpatrick

## Plummer Julie

---

**From:** Fred Law <noreply@jotform.com>  
**Sent:** Thursday, September 03, 2015 12:52 PM  
**To:** Plummer Julie  
**Subject:** [EXTERNAL] TriStar Summit Freestanding ER Feedback

 JotForm

### Question

Your Name

Address

Your E-mail Address

Phone Number

Your Message

### Answer

Fred Law

Street Address: 563 Calibre Lane

City: Mt. Juliet

State / Province: TN

Postal / Zip Code: 37122

Country: United States

[fwlaw88@gmail.com](mailto:fwlaw88@gmail.com)

(615) 758-3327

Dear Mrs. Hill,

There is a great need of this kind of facilities and services in MT. Juliet. As the population in Mt. Juliet is doubling over the last 10 years, as well as more and more housing are being built in the Providence area of Mt. Juliet, there is a critical need for an emergency service. The nearby Del Webb subdivision has over 1000 homes of senior citizens, there is definite in need of an medical emergency facility as well. Thank you.

Sincerely,

Fred Law

## Plummer Julie

---

**From:** Adrienne Harms <noreply@jotform.com>  
**Sent:** Thursday, September 03, 2015 8:08 AM  
**To:** Plummer Julie  
**Subject:** [EXTERNAL] TriStar Summit Freestanding ER Feedback

 JotForm

**Question**

Your Name

Address

Your E-mail Address

Phone Number

Your Message

**Answer**

Adrienne Harms

Street Address: 297 Antebellum Lane  
City: Mt. Juliet  
State / Province: TN

[stillinharmsway@yahoo.com](mailto:stillinharmsway@yahoo.com)

(615) 773-1422

Dear Mrs. Hill,

This is a MUST to have an Emergency Room Center here in Mt. Juliet! Traffic on I 40 has become impossible when traveling east, not to mention the backup on the of ramp to the Hermitage hospital site. That exit needs to be enlarged to handle the traffic flow for the exit alone.

Considering Wilson County's size eastward along with the additional populations beyond to the east, north and south, this new ER would certainly be a blessing and utilized with no problem.

Having moved down from Cumberland County, we had hopes for a closer Medical facility in our area.

Sincerely,  
Adrienne Harms

## Plummer Julie

---

**From:** Claire Slone <noreply@jotform.com>  
**Sent:** Wednesday, September 02, 2015 7:28 PM  
**To:** Plummer Julie  
**Subject:** [EXTERNAL] TriStar Summit Freestanding ER Feedback

/JotForm

**Question**

Your Name

Address

Your E-mail Address

Phone Number

Your Message

**Answer**

Claire Slone

Street Address: 414 Valley Spring Drive

City: Mount Juliet

State / Province: TN

Postal / Zip Code: 37122

Country: United States

[claireslone1@att.net](mailto:claireslone1@att.net)

(615) 454-0071

Dear Mrs. Hill,

I would love to have this so close for my family. As a nurse practitioner , I know minutes count in emergency situations.

My parents reside in Del Webb and I have had to take my Mother to the Summit ER 2x in the past year. Very scary. Would feel so much better with services being closer to us. We love Summit Hospital and would be happy to be admitted there however starting emergency care at our "backdoor" so to speak would be wonderful.

Sincerely,  
Claire Slone

## Plummer Julie

---

**From:** Richard Barnett <noreply@jotform.com>  
**Sent:** Wednesday, September 02, 2015 8:30 PM  
**To:** Plummer Julie  
**Subject:** [EXTERNAL] TriStar Summit Freestanding ER Feedback

/JotForm

**Question**

Your Name

Address

Your E-mail Address

Phone Number

Your Message

**Answer**

Richard Barnett

Street Address: 1202 Cannon Lane

City: Mount Juliet

State / Province: TN

Postal / Zip Code: 37122

Country: United States

()

Dear Mrs. Hill,

A new free standing emergency room would greatly benefit Mount Juliet. I am a retiree and live in Del Webb. We have hundreds of old, fat, out of shape people that would potentially make use of the facility. When it comes to emergency care, every second can be critical. The new facility would be a life saver.

Sincerely,  
Richard Barnett

## Plummer Julie

---

**From:** sharon young <noreply@jotform.com>  
**Sent:** Wednesday, September 02, 2015 4:17 PM  
**To:** Plummer Julie  
**Subject:** [EXTERNAL] TriStar Summit Freestanding ER Feedback

/JotForm

### Question

Your Name

Address

Your E-mail Address

Phone Number

Your Message

### Answer

sharon young

Street Address: 273 antebellum

City: mt. juliet

State / Province: tn

Postal / Zip Code: 37122

Country: United States

()

Dear Mrs. Hill,

I fully support a free standing Summitt ER emergency room in Mt. Juliet. With the growing population of all ages it is more and more difficult to get emergency treatment 24 hours all the way in Hermitage. And the wait time and treatment can be up to two hours! For most of us it is at least a 20 minute drive. I would presume people would then resort to 911 calls with paramedic visits even if they could travel. I would even support a full service hospital in Mt. Juliet.

Thank you,  
Sharon Young

## Plummer Julie

---

**From:** Dave McGrath <noreply@jotform.com>  
**Sent:** Wednesday, September 02, 2015 3:11 PM  
**To:** Plummer Julie  
**Subject:** [EXTERNAL] TriStar Summit Freestanding ER Feedback

/JotForm

### Question

Your Name

Address

Your E-mail Address

Phone Number

Your Message

### Answer

Dave McGrath

Street Address: 1219 Cannon Lane

City: Mount Juliet

State / Province: Tennessee

Postal / Zip Code: 37122

Country: United States

[aer4dave@hotmail.com](mailto:aer4dave@hotmail.com)

(331) 4319629

Dear Mrs. Hill,

I am in favour of this new facility

Sincerely,

Dave McGrath

## Plummer Julie

---

**From:** Charlotte Durham <noreply@jotform.com>  
**Sent:** Wednesday, September 02, 2015 2:43 PM  
**To:** Plummer Julie  
**Subject:** [EXTERNAL] TriStar Summit Freestanding ER Feedback

 JotForm

### Question

Your Name

Address

Your E-mail Address

Phone Number

Your Message

### Answer

Charlotte Durham

Street Address: 170 Old Towne Drive

City: Mount Juliet

State / Province: TN

Postal / Zip Code: 37122

Country: United States

[durhamcc@aol.com](mailto:durhamcc@aol.com)

(931) 247-9841

Dear Mrs. Hill,

I can't stress enough how important this facility would be to the over-55 residents of Del Webb Lake Providence. I know my husband and I will sleep better knowing help is only minutes away should we have a medical emergency. And with that stretch of I-40 being so accident-prone, the need is amplified for all ages. You truly have the power to save lives by approving this project.

Sincerely,  
Charlotte Durham

## Plummer Julie

---

**From:** Dave Newman <noreply@jotform.com>  
**Sent:** Wednesday, September 02, 2015 9:57 AM  
**To:** Plummer Julie  
**Subject:** [EXTERNAL] TriStar Summit Freestanding ER Feedback

/JotForm

**Question**

Your Name

Address

Your E-mail Address

Phone Number

Your Message

**Answer**

Dave Newman

Street Address: 121 Navy Circle

City: Mount Juliet

State / Province: Tennessee

Postal / Zip Code: 37122

Country: United States

[patanddave2@tds.net](mailto:patanddave2@tds.net)

(615) 2025847

Dear Mrs. Hill,

The prospect of having an Emergency Department in Mt. Juliet is very exciting. This is long overdue. The proximity to the Providence communities and to Del Webb's Lake Providence, not to mention being at the Beckwith interchange will fill a void in making emergency care readily available. When the connector between I-40 (at Beckwith) and Lebanon Pike is completed, emergency medical care will be available to thousands that live on the northeast side of Mt. Juliet. Currently it's a long ambulance ride to Summit or to Lebanon.

Hopefully the state will see the benefit that this facility will provide to our community and approve the certificate of need application. I truly feel that this facility is needed and will be a tremendous asset to our community.

Sincerely,  
Dave Newman

## Plummer Julie

---

**From:** Cheryl Culbertson <noreply@jotform.com>  
**Sent:** Friday, September 11, 2015 9:13 AM  
**To:** Plummer Julie  
**Subject:** [EXTERNAL] TriStar Summit Freestanding ER Feedback



### Question

Your Name

Address

Your E-mail Address

Phone Number

Your Message

### Answer

Cheryl Culbertson

Street Address: 308 Palisade Drive

City: Mount Juliet

State / Province: TN

Postal / Zip Code: 37122

Country: United States

[ccdc70@gmail.com](mailto:ccdc70@gmail.com)

(615) 7738650

Dear Mrs. Hill,

I live in a senior housing community and feel the proposed ER in Mt Juliet by TriStar Summit would be very beneficial to all living east of Summit Hospital in Hemitage. Traffic congestion steadily grows as this population increases and both individuals and emergency personnel trying to reach the ER will appreciate the Mt Juliet facility.

Sincerely,  
Cheryl Culbertson

## Fitzpatrick Carolyn

---

**From:** Plummer Julie  
**Sent:** Friday, September 11, 2015 12:40 PM  
**To:** Fitzpatrick Carolyn  
**Subject:** Fwd: [EXTERNAL] TriStar Summit Freestanding ER Feedback

Sent from my iPhone

Begin forwarded message:

**From:** David Culbertson <[noreply@jotform.com](mailto:noreply@jotform.com)>  
**Date:** September 11, 2015 at 12:33:15 PM CDT  
**To:** <[Julie.Plummer@hcahealthcare.com](mailto:Julie.Plummer@hcahealthcare.com)>  
**Subject:** [EXTERNAL] TriStar Summit Freestanding ER Feedback

 JotForm

**Question**

Your Name

Address

Your E-mail Address

Phone Number

Your Message

**Answer**

David Culbertson

Street Address: 308 Palisade Drive  
City: Mount Juliet  
State / Province: TN  
Postal / Zip Code: 37122  
Country: United States

[ccdc70@gmail.com](mailto:ccdc70@gmail.com)

(615) 7738650

Dear Mrs. Hill,  
This would be a much needed addition to all the growth that is happening around Mt. Juliet.

Sincerely,  
David S. Culbertson

## Fitzpatrick Carolyn

---

**From:** Plummer Julie  
**Sent:** Monday, October 05, 2015 8:37 AM  
**To:** Fitzpatrick Carolyn  
**Subject:** FW: [EXTERNAL] TriStar Summit Freestanding ER Feedback

Here's another CON letter ☺ Thanks!

**Julie Plummer** | DIRECTOR, MARKETING AND PUBLIC RELATIONS  
TriStar Summit Medical Center

---

**From:** pamela rains [<mailto:noreply@jotform.com>]  
**Sent:** Saturday, October 03, 2015 7:00 AM  
**To:** Plummer Julie  
**Subject:** [EXTERNAL] TriStar Summit Freestanding ER Feedback

 JotForm

Question

Answer

Your Name

pamela rains

Address

Street Address: 16570 st marys rd  
City: buffalo valley  
State / Province: Tennessee  
Postal / Zip Code: 38548  
Country: United States

Your E-mail Address

[rainspg@gmail.com](mailto:rainspg@gmail.com)

Phone Number

(931) 2605362

Dear Mrs. Hill,

Your Message

I may not be a resident of Wilson county anymore, but having a Tristar ER closer to my home would make me thrilled. My house is the last house in Putnam county bordering Smith county. Tristar Hospitals have been my provider of choice for over 18 years. There is a great need. And a Tristar Summit Er would be a great move for all the areas around Lebanon.

Sincerely,  
Pamela Rains

## Fitzpatrick Carolyn

---

**From:** Plummer Julie  
**Sent:** Thursday, October 08, 2015 3:44 PM  
**To:** Fitzpatrick Carolyn  
**Subject:** FW: [EXTERNAL] TriStar Summit Freestanding ER Feedback

Here's another! ☺ Thanks!

**Julie Plummer** | DIRECTOR, MARKETING AND PUBLIC RELATIONS  
**TriStar Summit Medical Center**

---

**From:** John Jencik [<mailto:noreply@jotform.com>]  
**Sent:** Thursday, October 08, 2015 3:25 PM  
**To:** Plummer Julie  
**Subject:** [EXTERNAL] TriStar Summit Freestanding ER Feedback

 JotForm

**Question**

Your Name

Address

Your E-mail Address

Phone Number

Your Message

**Answer**

John Jencik

Street Address: 1200 Cannon Lane  
City: Mount Juliet  
State / Province: TN  
Postal / Zip Code: 37122  
Country: United States

[john\\_jencik@tds.net](mailto:john_jencik@tds.net)

(615) 773-5954

Dear Mrs. Hill,

I am writing in support of the TriStar Summit Hospital expansion of a new ER facility in Mount Juliet. My wife has made three visits to the emergency room in Summit Hospital this year. One visit was by ambulance when she became unconscious in May 2015.

The most recent visit was on Tuesday, October 5, 2015 when she had severe constipation pain following a recent knee replacement surgery. We arrived by car at 5:00PM and were surprised with the number of people in the waiting area. It took one and half hours before she went back to see a doctor and received a prescription for the cleansing fluid used for colonoscopy. The visit with the doctor and his nurse was short compared to the wait. We also observed a high number of

people coming into the ER after we arrived.

Since we live in Mount Juliet the free standing ER would cut down the drive time to next to nothing and hopefully provide faster service in seeing the doctor. In our community there are 1,000 homes of seniors who would benefit from a Mount Juliet emergency room. Total senior population in our retirement community probably is in the 1,600 number.

Thank your for considering the proposed action and for reviewing our concerns.

Sincerely,

## Fitzpatrick Carolyn

---

**From:** Plummer Julie  
**Sent:** Tuesday, October 27, 2015 10:56 AM  
**To:** Fitzpatrick Carolyn  
**Subject:** FW: [EXTERNAL] TriStar Summit Freestanding ER Feedback

And, another one – yay!

Julie Plummer | DIRECTOR, MARKETING AND PUBLIC RELATIONS  
TriStar Summit Medical Center

**From:** Rebecca Broderick [<mailto:noreply@jotform.com>]  
**Sent:** Friday, October 23, 2015 3:11 PM  
**To:** Plummer Julie  
**Subject:** [EXTERNAL] TriStar Summit Freestanding ER Feedback

 JotForm

### Question

Your Name

Address

Your E-mail Address

Phone Number

Your Message

### Answer

Rebecca Broderick

Street Address: 411 Schooner Ln  
City: Mount Juliet  
State / Province: TN  
Postal / Zip Code: 37122  
Country: United States

[rebeccabroderick@hotmail.com](mailto:rebeccabroderick@hotmail.com)

(615) 758-2526

Dear Mrs. Hill,  
Summit Hospital in Hermitage is an excellent hospital. However, the Emergency Room is at its limit. With all the growth of homes and apartments in the Mount Juliet and Lebanon area, the emergency room satellite that is being proposed is desperately needed. Rather than sitting in traffic on I-40, those first precious minutes going to this proposed clinic would undoubtedly save lives. Wilson county needs this facility.

Sincerely,  
Rebecca Broderick  
Retired RN

## Fitzpatrick Carolyn

---

**From:** Plummer Julie  
**Sent:** Tuesday, October 27, 2015 9:02 AM  
**To:** Fitzpatrick Carolyn  
**Subject:** FW: [EXTERNAL] TriStar Summit Freestanding ER Feedback

Here you go! ☺

Julie Plummer | DIRECTOR, MARKETING AND PUBLIC RELATIONS  
TriStar Summit Medical Center

**From:** Ashley Stephens [<mailto:noreply@jotform.com>]  
**Sent:** Thursday, October 22, 2015 10:20 AM  
**To:** Plummer Julie  
**Subject:** [EXTERNAL] TriStar Summit Freestanding ER Feedback

? JotForm

### Question

Your Name

Address

Your E-mail Address

Phone Number

Your Message

### Answer

Ashley Stephens

Street Address: 385 Coe Lane

City: Lebanon

State / Province: TN

Postal / Zip Code: 37027

Country: United States

[ash85marie@gmail.com](mailto:ash85marie@gmail.com)

(615) 587-1457

Dear Mrs. Hill,

I am writing in support of TriStar Summit Medical Center's proposed freestanding emergency room in Mt. Juliet.

My parents live in Lebanon and are both in their late 50's. Growing up, I was taken to TriStar Summit's ER for emergencies as my parents did not trust University Medical Center (UMC) in Lebanon. My parents always made the drive for better emergency care. Having closer access to that same emergency care would be a huge benefit for the Lebanon community. It is no secret in Lebanon that UMC is not to be trusted, especially with emergency care.

I hope you will support the Mt. Juliet community by approving the TriStar Summit Medical Center freestanding emergency room proposal.

Sincerely,  
Ashley Stephens

## Fitzpatrick Carolyn

---

**From:** Plummer Julie  
**Sent:** Tuesday, October 27, 2015 9:03 AM  
**To:** Fitzpatrick Carolyn  
**Subject:** FW: [EXTERNAL] TriStar Summit Freestanding ER Feedback

From the Chamber...yay!

Julie Plummer | DIRECTOR, MARKETING AND PUBLIC RELATIONS  
TriStar Summit Medical Center

**From:** Anita Spicer [<mailto:noreply@jotform.com>]  
**Sent:** Thursday, October 22, 2015 7:54 AM  
**To:** Plummer Julie  
**Subject:** [EXTERNAL] TriStar Summit Freestanding ER Feedback

? JotForm

**Question**

Your Name

Address

Your E-mail Address

Phone Number

Your Message

**Answer**

Anita Spicer

Street Address: 4543 East Division Street  
City: Mt. Juliet  
State / Province: TN  
Postal / Zip Code: 37122  
Country: United States

[anita@mjchamber.org](mailto:anita@mjchamber.org)

(615) 758-6972

Dear Mrs. Hill,

I am writing to support TriStar Summit Medical Center's proposed freestanding emergency room in Mt. Juliet. I have lived in Mt. Juliet for 25 years and have relied on TriStar Summit Medical Center for many healthcare needs along the way for myself, my four children, and my three grandchildren who were all born at TriStar Summit!

Wilson County has grown at a rapid pace and it's important to be proactive and ensure we have the resources to accommodate the continued growth. The proposed emergency room would have a huge impact on our area, both now and in the future. I hope you will support the Mt. Juliet community by approving the TriStar Summit Medical Center freestanding emergency

room proposal.

Thank you!

Sincerely,

Anita Spicer

## Fitzpatrick Carolyn

---

**From:** Plummer Julie  
**Sent:** Monday, October 19, 2015 8:37 AM  
**To:** Fitzpatrick Carolyn  
**Subject:** FW: [EXTERNAL] TriStar Summit Freestanding ER Feedback

Another FSED letter. Thank you! ☺

**Julie Plummer** | DIRECTOR, MARKETING AND PUBLIC RELATIONS  
**TriStar Summit Medical Center**

**From:** Tricia Patterson [<mailto:noreply@jotform.com>]  
**Sent:** Sunday, October 18, 2015 12:33 PM  
**To:** Plummer Julie  
**Subject:** [EXTERNAL] TriStar Summit Freestanding ER Feedback

 JotForm

**Question**

Your Name

Address

Your E-mail Address

Phone Number

Your Message

**Answer**

Tricia Patterson

Street Address: 517 Scout Drive  
City: Mt. Juliet  
State / Province: TN  
Postal / Zip Code: 37122  
Country: United States

[tacep10@yahoo.com](mailto:tacep10@yahoo.com)

(615) 7582631

Dear Mrs. Hill,  
Great idea I live in Del Webb and we are constantly haveing  
emergencies in the community

Sincerely,  
Tricia Patterson

## Fitzpatrick Carolyn

---

**From:** Plummer Julie  
**Sent:** Wednesday, October 28, 2015 9:14 AM  
**To:** Fitzpatrick Carolyn  
**Subject:** FW: [EXTERNAL] TriStar Summit Freestanding ER Feedback

FYI

**Julie Plummer** | DIRECTOR, MARKETING AND PUBLIC RELATIONS  
TriStar Summit Medical Center

---

**From:** Christopher Burrus [<mailto:noreply@jotform.com>]  
**Sent:** Tuesday, October 27, 2015 11:49 PM  
**To:** Plummer Julie  
**Subject:** [EXTERNAL] TriStar Summit Freestanding ER Feedback

*Question*

**Question**

Your Name

Address

Your E-mail Address

Phone Number

Your Message

**Answer**

Christopher Burrus

Street Address: 1517 watercress dr

City: Nashville

State / Province: TN

Postal / Zip Code: 37214

[christopher.burrus@aol.com](mailto:christopher.burrus@aol.com)

(207) 4495285

Dear Mrs. Hill,

I support Summit's proposal for a free standing ER

Sincerely,  
Chris Burrus

## Fitzpatrick Carolyn

---

**From:** Plummer Julie  
**Sent:** Tuesday, October 27, 2015 11:20 AM  
**To:** Fitzpatrick Carolyn  
**Subject:** FW: [EXTERNAL] TriStar Summit Freestanding ER Feedback

And, another ☺

Julie Plummer | DIRECTOR, MARKETING AND PUBLIC RELATIONS  
TriStar Summit Medical Center

**From:** Samantha Kirby [<mailto:noreply@jotform.com>]  
**Sent:** Wednesday, October 21, 2015 7:52 PM  
**To:** Plummer Julie  
**Subject:** [EXTERNAL] TriStar Summit Freestanding ER Feedback

? JotForm

### Question

Your Name

Address

Your E-mail Address

Phone Number

Your Message

### Answer

Samantha Kirby

Street Address: 306 Five Oaks Blvd.

City: Lebanon

State / Province: TN

Postal / Zip Code: 37087

Country: United States

[samhkirby@gmail.com](mailto:samhkirby@gmail.com)

(615) 504-1800

Dear Mrs. Hill,

I am writing in support of TriStar Summit Medical Center's proposed freestanding emergency room in Mt. Juliet.

Wilson County has grown at a rapid pace. While this is an exciting time for our community, it is also time for us to be proactive and ensure we have the resources and amenities to accommodate the continued growth. The proposed emergency room would have a huge impact on our area, both now and in the future.

I hope you will support the Mt. Juliet community by approving the TriStar Summit Medical Center freestanding emergency room proposal.

Thank you for your time and consideration.

Sincerely,

Samantha H. Kirby, MHA

## Fitzpatrick Carolyn

---

**From:** Plummer Julie  
**Sent:** Monday, November 02, 2015 12:18 PM  
**To:** Fitzpatrick Carolyn  
**Subject:** Fwd: [EXTERNAL] TriStar Summit Freestanding ER Feedback

Yay!!

Sent from my iPhone

Begin forwarded message:

**From:** JOAN SUTHERLAND <[noreply@jotform.com](mailto:noreply@jotform.com)>  
**Date:** November 2, 2015 at 11:46:31 AM CST  
**To:** <[Julie.Plummer@hcahealthcare.com](mailto:Julie.Plummer@hcahealthcare.com)>  
**Subject:** [EXTERNAL] TriStar Summit Freestanding ER Feedback

 JotForm

**Question**

Your Name

Address

Your E-mail Address

Phone Number

Your Message

**Answer**

JOAN SUTHERLAND

Street Address: 114 DAHLGREN DR  
City: MOUNT JULIET  
State / Province: TN  
Postal / Zip Code: 37122  
Country: United States

[joansuth@gmail.com](mailto:joansuth@gmail.com)

(615) 754-6569

Dear Mrs. Hill,

My husband Francis and I fully support the proposal to build an ER center on Beckworth Rd in Mt Juliet. We live in the Del Webb community and nothing would be more reassuring to us and I imagine to all our 55+ neighbors (at least 2,000 of us) to know that emergency medical care was just down the road. For us, it could very well make the difference between staying here or moving elsewhere in the future. We moved here from California just over a year ago and are slowly but surely being won over to middle Tennessee being a good place to retire and stay put. Since we are here, we believe in helping Mt Juliet to thrive and do our best to support local merchants and services. We support what we see as its continuing development and see the proposal for an ER center in Mt Juliet as a great way to

ensure this forward movement. Thank you.

Sincerely,



# MT. JULIET POLICE DEPARTMENT

JAMES A. HAMBRICK, PHD.  
CHIEF OF POLICE

P.O. BOX 322, MT. JULIET, TENNESSEE 37122  
PHONE: (615) 754-2550 FAX: (615) 758-7076

November 3, 2015

Ms. Melanie Hill  
Executive Director  
Tennessee Health Services and Development Agency  
Andrew Jackson Building, Ninth Floor  
502 Deaderick Street  
Nashville, TN 37243

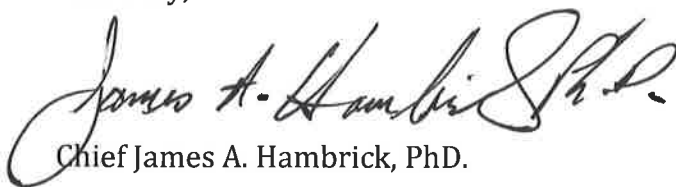
Ms. Melanie Hill,

I am the Chief of Police for the City of Mt. Juliet, and I've been excited ever since I heard of the proposed TriStar Summit Medical Center emergency room for our wonderful, growing city. Since 2004, Mt. Juliet has grown over 40%- from a town of 16,000 to over 28,000 residents. As our community grows, so does our community's needs. Quality health care is very important, and an emergency room in our community would be so beneficial.

Mt. Juliet's citizens would benefit greatly from TriStar Summit's ER, who demonstrates their commitment to our growing area by planning to invest \$11 million into our community. I completely support TriStar's proposal, which would provide many positive impacts for residents and local businesses.

I hope that you, with the Tennessee Health Services and Development Agency, approve TriStar Summit's certificate of need application when you meet on November 18, 2015.

Sincerely,



Chief James A. Hambrick, PhD.

**SUPPORT LETTER(S)**

**Summit Medical Center Satellite**  
**Emergency Department**  
**(2<sup>nd</sup> Submission, 11-6-15)**

**CN1508-031**



**Fire Department  
City of Mt. Juliet (FDMJ)  
Mt. Juliet, Tennessee**



November 5, 2015


Ms. Melanie Hill  
Executive Director  
Tennessee Health Services and Development Agency  
Andrew Jackson Building, Ninth Floor  
502 Deaderick Street  
Nashville, TN 37243

RE: Proposed TriStar Summit Freestanding Emergency Room

Dear Mrs. Hill,

Speaking on behalf of first responders, please accept my support for this effort. As the Fire Chief of the Fire Dept. for the City of Mt. Juliet, I can attest to the fact that time is tissue and bringing this service closer to the customer is paramount. I urge the HSDA to approve the TriStar Summit certificate of need application when you meet on November 18, 2015.

Sincerely,  
Jamie Luffman  
Fire Chief  
Fire Department for the City of Mt. Juliet



# TENNESSEEOncology

www.tnoncology.com

**MEDICAL ONCOLOGY/  
HEMATOLOGY**

M. Brian Hemphill, M.D.  
L. Johnetta Blakely, M.D.  
Jill R. Tichy, M.D.  
Chirag J. Amin, M.D.

Sara Perry, MSN, OCN, NP

**HEALTH PSYCHOLOGISTS**  
Amy Johnson, Ph.D.

November 4, 2015

Ms. Melanie Hill  
Executive Director  
Tennessee Health Services and Development Agency  
Andrew Jackson Building, Ninth Floor  
502 Deaderick Street  
Nashville, TN 37243

RE: Proposed TriStar Summit Freestanding Emergency Room

Dear Ms. Hill:

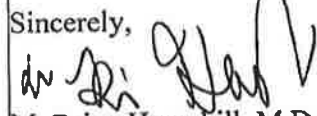
As an oncologist at TriStar Summit Medical Center, I see patients every day who would benefit from the proposed freestanding emergency room at Beckwith Road and I-40.

Mt. Juliet and Wilson County have experienced monumental growth in recent years, and our access to high-quality health care must keep up. The new ER will give area residents better access to the care they need, while providing a \$11 million investment in the community.

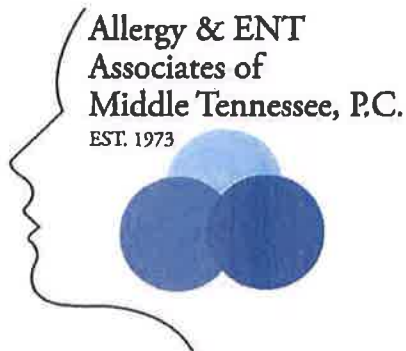
The new facility will feature eight treatment rooms and be equipped to care for both adult and pediatric patients. This is a vital consideration for this growing area.

Thank you for your time. I hope the Health Services and Development Agency will grant TriStar Summit Medical Center the approval it needs to build a new freestanding emergency room for the Mt. Juliet community.

Sincerely,



M. Brian Hemphill, M.D.  
MBH/vps



**G. Lee Bryant, Jr., M.D., F.A.A.O.A.**  
**D. Scott Fortune, M.D., F.A.A.O.A.**  
**Justin E. Morgan, M.D., F.A.A.O.A.**

*Board Certified, American Board of Otolaryngology  
Fellows, American Academy of Otolaryngic Allergy*

*Adult and Pediatric Diseases of the Ear, Nose, and Throat \* Head & Neck Surgery  
Allergy Testing and Treatment \* Hearing and Balance Disorders*

November 3, 2015

Ms. Melanie Hill  
Executive Director  
Tennessee Health Services and Development Agency  
Andrew Jackson Building, Ninth Floor  
502 Deaderick Street  
Nashville, TN 37243

RE: Proposed TriStar Summit Freestanding Emergency Room

Dear Ms. Hill:

For 17 years I have cared for Mt. Juliet patients as an Otolaryngologist, and I value the longstanding relationship I have had with TriStar Summit Medical Center. As the Mt. Juliet community grows, so should access to basic services such as health care. We must expand to meet the needs of our neighbors.

TriStar Summit served more than 55,000 emergency room patients in 2014. That number is anticipated to rise in 2015. The proposed emergency room will help with patient access and will give Mt. Juliet patients the care they need closer to home.

It is a core value of my practice that we care for not only our patients, but also their quality of life. The new ER would be a great asset to the Mt. Juliet community. I encourage the HSDA to approve TriStar Summit Medical Center's Certificate of Need application when the board meets in November.

Sincerely,



G. Lee Bryant, Jr., M.D.

Summit Outpatient Center  
3901 Central Pike, Suite 351  
Hermitage, Tennessee 37076  
Office 615-889-8802 \* Fax 615-889-0583



October 22, 2015

Ms. Melanie Hill  
Executive Director  
Tennessee Health Services and Development Agency  
Andrew Jackson Building, Ninth Floor  
502 Deaderick Street  
Nashville, TN 37243

RE: Proposed TriStar Summit Freestanding Emergency Room

Ms. Hill:

I am the center manager at the CareSpot in Mt Juliet and I acknowledge the many positives that come with a growing population. As our community grows, though, the need for quality health care becomes even more important. This is why I fully support the proposed TriStar Summit Medical Center emergency room in Mt. Juliet.

Our patients and our entire community would all benefit greatly from TriStar Summit's ER. TriStar Summit plans to invest \$11 million into our community, which demonstrates their commitment to our growing area. The convenience and positive economic impact would be invaluable for residents and local businesses.

I urge the Health Services and Development Agency to approve TriStar Summit's certificate of need application when you meet on November 18, 2015.

Thank you,

A handwritten signature in black ink, appearing to read "Norma Leos". The signature is fluid and stylized, with a large loop at the end.

Norma Leos



# ASSOCIATES IN GASTROENTEROLOGY

AMERICAN BOARD OF INTERNAL MEDICINE CERTIFIED IN GASTROENTEROLOGY

G. WHIT JAMES, M.D. • SUE J. LEE, M.D. • DONALD J. LAZAS, JR., M.D.  
S. RAJ PATIL, M.D. • KEVIN R. FINNEGAN, M.D.

November 2, 2015

Ms. Melanie Hill  
Executive Director  
Tennessee Health Services and Development Agency  
Andrew Jackson Building, Ninth Floor  
502 Deaderick Street  
Nashville, TN 37243

RE: Proposed TriStar Summit Freestanding Emergency Room

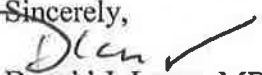
Dear Ms. Hill:

I have been a doctor in the Mt. Juliet area for 18 years. I see patients daily who would benefit from TriStar Summit's proposed freestanding emergency room in Mt. Juliet.

In 2014, the emergency room in TriStar Summit's main campus treated approximately 15,000 patients from the Mt. Juliet area. Wilson County has grown tremendously over the past few years, and it doesn't look as though it will slow down anytime soon. The proposed emergency room will help to accommodate that growth while benefiting residents with more convenient access to emergency care.

TriStar promised Mt. Juliet residents that it would make sure its facilities kept up with our growth. The proposed \$11 million investment in the Mt. Juliet community proves they intend to keep that promise.

I ask that the HSDA please approve TriStar Summit Medical Center's Certificate of Need application when the board meets in November.

Sincerely,  
  
Donald J. Lazas, MD

DJL/kas



October 22, 2015

Ms. Melanie Hill  
Executive Director  
Tennessee Health Services and Development Agency  
Andrew Jackson Building, Ninth Floor  
502 Deaderick Street  
Nashville, TN 37243

RE: Proposed TriStar Summit Freestanding Emergency Room

Ms. Hill:

I am the owner of Hermitage Golf Course, and I acknowledge the many positives that come with a growing population. As our community grows, though, the need for quality health care becomes even more important. This is why I fully support the proposed TriStar Summit Medical Center emergency room in Mt. Juliet.

My customers and our entire community would all benefit greatly from TriStar Summit's ER. In 2011, my grandson was a patient at Summit Hospital's ED and I could not have been more pleased with the knowledge, professionalism and compassion of the staff given to he and his family. TriStar Summit plans to invest \$11 million into our community, which demonstrates their commitment to our growing area. The convenience and positive economic impact would be invaluable for residents and local businesses.

I urge the Health Services and Development Agency to approve TriStar Summit's certificate of need application when you meet on November 18, 2015.

Thank you,

Mike Eller

November 2, 2015

Ms. Melanie Hill  
Executive Director  
Tennessee Health Services and Development Agency  
Andrew Jackson Building, Ninth Floor  
502 Deaderick Street  
Nashville, TN 37243

RE: Proposed TriStar Summit Freestanding Emergency Room

Dear Ms. Hill:

I would love to express my excitement and full support of TriStar Summit Medical Center's free standing Emergency Room that is proposed for Mount Juliet. Being a 5-year resident of this area, I am witness to the great amount of growth which has taken places in the short amount of time that my family and I have lived here.

In addition, I have an added interest in how this proposal touches home. Having parents that reside in the Del Webb community and being in their mid-70's you can understand how I further support this possibility. My parents, including the other residents in the 55+ community can feel at ease that this Emergency Room is within 5 minutes from their homes.

In closing, I enthusiastically support the possibility of this free-standing emergency room coming to fruition for all members of the rapidly growing Mount Juliet community.

Sincerely,

Chris Plummer  
Principal  
West Elementary School  
Mt. Juliet, TN

## Fitzpatrick Carolyn

---

**From:** Plummer Julie  
**Sent:** Thursday, November 05, 2015 3:05 PM  
**To:** jtaylor@burr.com; Whitehorn Jeff  
**Cc:** Fitzpatrick Carolyn  
**Subject:** Fire Chief's CON support letter

Here you go - see below!!!

Sent from my iPhone

Begin forwarded message:

**From:** Jamie Luffman <noreply@jotform.com>  
**Date:** November 5, 2015 at 3:02:49 PM CST  
**To:** <Julie.Plummer@hcahealthcare.com>  
**Subject:** [EXTERNAL] TriStar Summit Freestanding ER Feedback

JotForm

**Question**

Your Name

Address

Your E-mail Address

Phone Number

Your Message

**Answer**

Jamie Luffman

Street Address: 104 Belinda Parkway  
City: Mount Juliet  
State / Province: Tennessee  
Postal / Zip Code: 37122  
Country: United States

[jluffman@mjfire.org](mailto:jluffman@mjfire.org)

(615) 566-7571

Dear Mrs. Hill,  
Please accept my support for this effort. As the Fire Chief of the Fire Dept. for the City of Mt. Juliet, I can attest to the fact that time is tissue and bringing this service closer to the customer is paramount. I urge the HSDA to approve TriStar Summit certificate of need application when you meet on November 18, 2015

Sincerely,  
Jamie Luffman  
Fire Chief  
Fire Department for the City of Mt. Juliet

## Fitzpatrick Carolyn

---

**From:** Plummer Julie  
**Sent:** Thursday, November 05, 2015 2:15 PM  
**To:** Fitzpatrick Carolyn  
**Subject:** Fwd: [EXTERNAL] TriStar Summit Freestanding ER Feedback

And another ☺

Sent from my iPhone

Begin forwarded message:

**From:** Francis Marsh <noreply@jotform.com>  
**Date:** November 5, 2015 at 1:36:25 PM CST  
**To:** <Julie.Plummer@hcahealthcare.com>  
**Subject:** [EXTERNAL] TriStar Summit Freestanding ER Feedback

<u>Question</u>	<u>Answer</u>
Your Name	Francis Marsh
Address	Street Address: 335 Blockade Lane City: MOUNT JULIET State / Province: Tennessee Postal / Zip Code: 37122 Country: United States
Your E-mail Address	<a href="mailto:fmarsht@aol.com">fmarsht@aol.com</a>
Phone Number	(615) 7540169
Your Message	Dear Mrs. Hill,  My wife and I live in DWLP and we would really like for your board to approve the building of this freestanding ER as we are in our 70s and 80s and the nearby facilities would give us peace of mind.  Sincerely,  Francis & Billie Marsh

## Fitzpatrick Carolyn

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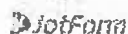
**From:** Plummer Julie  
**Sent:** Thursday, November 05, 2015 10:51 AM  
**To:** Fitzpatrick Carolyn  
**Subject:** FW: [EXTERNAL] TriStar Summit Freestanding ER Feedback

Another one! ☺

**Julie Plummer** | DIRECTOR, MARKETING AND PUBLIC RELATIONS  
TriStar Summit Medical Center

---

**From:** Daniel Marion [<mailto:noreply@jotform.com>]  
**Sent:** Thursday, November 05, 2015 9:31 AM  
**To:** Plummer Julie  
**Subject:** [EXTERNAL] TriStar Summit Freestanding ER Feedback

 JotForm

**Question**

Your Name

Address

Your E-mail Address

Phone Number

Your Message

**Answer**

Daniel Marion

Street Address: 127 Privateer Lane  
City: Mt Juliet  
State / Province: TN  
Postal / Zip Code: 37122  
Country: United States

[dnmarion@tds.net](mailto:dnmarion@tds.net)

(615) 773-5540

Dear Mrs. Hill,

My wife and I have been residents of Mt Juliet for over 5 years and enthusiastically support the construction and implementation of Tristar Summit's proposed free standing emergency room in Mount Juliet.

Please contact me, if you have any questions regarding our support of this project.

Sincerely yours

Daniel J. Marion,

**From:** Kathleen Straka [mailto:noreply@jotform.com]  
**Sent:** Thursday, November 05, 2015 5:18 PM  
**To:** Plummer Julie  
**Subject:** [EXTERNAL] TriStar Summit Freestanding ER Feedback

 JotForm

**Question**

Your Name

Address

Your E-mail Address

Phone Number

**Answer**

Kathleen Straka

Street Address: 149 Salient Ln  
City: Mount Juliet  
State / Province: TN  
Postal / Zip Code: 37122  
Country: United States

[ktstraka@live.com](mailto:ktstraka@live.com)

(615) 773-2757

Dear Mrs. Hill,

As residents of the Del Webb, Lake Providence 55+ community in Mount Juliet, it is very important to my husband and myself that TriStar Summit Medical be granted the authority to build a freestanding emergency room (ER) in our city.

Our own development consists of over 1,000 homes; there are many other single family developments in the area, too. In addition, there are many existing apartments, as well as, a particularly large apartment complex under construction near Providence Market Place, and still others in various stages of development.

There has been a tremendous amount of growth in Mount Juliet over the last five plus years and the city continues to grow.

Your Message

This facility will save lives. It is scary to think about having a medical emergency during rush hour in the morning, and needing to be taken on I40 West to get medical assistance. Time is of the essence in many medical emergency instances.

Not only can distance and traffic be issues for those of us living in Mount Juliet to get necessary emergency medical care, but the availability of emergency room beds can also be an issue. If we had a freestanding emergency room in our city, we would get faster care, and alleviate crowding in other emergency rooms. We ask that you grant approval for TriStar Summit Medical's request to build a freestanding ER in Mount Juliet.

Sincerely,

Kathleen & Gary Straka



## West Elementary School

9315 Lebanon Road  
Mt. Juliet, TN 37122

Phone: 615-758-5846  
Fax: 615-754-5798

Principal: Chris Plummer    Assistant Principal: Rachel Cook

October 22, 2015

Ms. Melanie Hill  
Executive Director  
Tennessee Health Services and Development Agency  
Andrew Jackson Building, Ninth Floor  
502 Deaderick Street  
Nashville, TN 37243

RE: Proposed TriStar Summit Freestanding Emergency Room

Dear Ms. Hill:

I am writing in support of TriStar Summit Medical Center's proposed freestanding emergency room in Mount Juliet.

As a 5-year resident of Wilson County I am well aware of the rapid growth that has taken place in this community in such a short amount of time. With having parents residing in Mount Juliet, more specifically in Del Webb, you can see that this proposal hits home to me and my family.

I love the added security of having a facility such as this being so close to my parents, but also the hundreds of 55+ year-olds that reside in their community. This would be a gift to this area and has the potential of creating healthier individuals from young to old and to save lives. The proposed emergency room would have a huge impact on our area, both now and in the future.

I hope you will support the Mount Juliet community by approving the TriStar Summit Medical Center freestanding emergency room proposal.

Thank you for your time and consideration.

Sincerely,

**CERTIFICATE OF NEED  
REVIEWED BY THE DEPARTMENT OF HEALTH  
DIVISION OF POLICY, PLANNING AND ASSESSMENT  
615-741-1954**

**DATE:** September 30, 2015

**APPLICANT:** TriStar Summit Medical Center Satellite ED Mt. Juliet  
Unaddressed site in the Southwest Quadrant of the Intersection of  
I-40 and Beckwith Road (Exit 229), 100 yard west of Beckwith Rd.  
  
CN1508-031

**CONTACT PERSON:** John Wellborn  
4219 Hillsboro Road, Suite 210  
Nashville, Tennessee 37215

**COST:** \$11,106,634

---

In accordance with Section 68-11-1608(a) of the Tennessee Health Services and Planning Act of 2002, the Tennessee Department of Health, Division of Policy, Planning, and Assessment, reviewed this certificate of need application for financial impact, TennCare participation, compliance with *Tennessee's State Health Plan*, and verified certain data. Additional clarification or comment relative to the application is provided, as applicable, under the heading "Note to Agency Members."

**SUMMARY:**

TriStar Summit Medical Center, seeks Certificate of Need (CON) approval to establish a satellite emergency department facility at an unaddressed site in Wilson County, in the southwest quadrant of the intersection of I-40 and Beckwith Road (near Exit 229). The site is approximately 100 yards west of Beckwith Road on an access drive at Smyrna Ready Mix. Whose address is 4910 Beckwith Road.

The proposed satellite facility will contain eight treatment rooms. It will provide emergency diagnostic and treatment services and diagnostic services that include X-ray, ultrasound, and CT scanning. Laboratory services are also on site. The project will contain no major medical equipment, initiate or discontinue any other health service, or affect any facilities' licensed bed complement. The proposed facility will be operated under the license of TriStar Summit Medical Center's 196-bed acute care hospital license.

This project involves the construction of 11,248 square feet at a cost of \$4,210,400, or \$374.32 per square foot.

Summit Medical Center is wholly owned by HCA Health Services of Tennessee, Inc., whose ultimate parent company is HCA, Inc. Attachment A.4 contains an organizational chart and information of the Tennessee facilities owned by this facility's parent company.

The total estimated project cost is \$11,106,634 and will be funded through assets of HCA Holdings, Inc.

**GENERAL CRITERIA FOR CERTIFICATE OF NEED**

The applicant responded to all of the general criteria for Certificate of Need as set forth in the document *Tennessee's State Health Plan*.

**NEED:**

The applicant defines their primary service area as three specific zip codes in western Wilson

County. The zip codes are 37122, 37087, and 37090. These zip codes include the communities of Lebanon, LaGuardo, Gladeville, Cedars of Lebanon State Park, Martha, Leeville, Mount Juliet, Green Hill, and Rural Hill. Summit is the leading provider of ED care to residents located in Mount Juliet's zip code (37122) and the second largest contributor to ED visits. The applicant states residents of the project's three zip codes and the proposed service area together send more visits to Summit than does Summit's own Hermitage zip code.

The applicant projects 55.9% or 5,663 patient visits from zip code 37122 (Mount Juliet), 17.7% or 1,798 patient visits from zip code (36087), and 6.4% or 645 visits from zip code 39090 in year one of the project. In year two, the projected visits per zip code are 5,947, 1,888, and 676 visits, respectively. Wilson County will account for 80% of the patient origin for the proposed ED, while 20% will be from surrounding counties.

The following chart contains the 2015 and 2019 projected population for Wilson County.

County	2015 Population	2019 Population	% of Increase/ (Decrease)
Wilson	126,659	136,217	7.5%

*Tennessee Population Projections 2000-2020, 2015 Revised UTCBER, Tennessee Department of Health*

TriStar Summit Medical Center intends to establish a satellite Emergency Department (ED) to be located on the south side of I-40 at Beckwith Road Exit 229. The ED will be a full service. The satellite location is 9.9 miles from the main ED.

The facility will be 8,864 square feet and have 8 treatment rooms/exam equipped and supplied to care for adult and pediatric patients. The ED will have CT, X-ray, ultra sound, and laboratory services appropriate for emergency care.

The applicant has proposed this project for two reasons. TriStar Summit Medical Center's ED needs more treatment room capacity. The applicant reports they currently have approximately 1,900 annual visits per room and project that will exceed 2,000 visits by CY2017. THA data for CY 2013 for the three zip code service area used by the applicant project 40,633 ED visits that year. Approximately 28.7% of those utilized Summit Medical Center, and 31.4% were cared for by all four Davidson County TriStar hospitals.

Secondly, Summit believes placing new capacity in proposed satellite ED in western Wilson County, while still in their service area; they will improve accessibility to care for service area residents. According to the applicant, most of the ED visits from the project's three zip code primary service area already come to Summit Heritage. This location could be more convenient and mean less drive time for emergency care.

TriStar Summit reports that expansion at their current site is possible, but would be disruptive and would not improve accessibility to care for patients who live closer to Exit 229 in western Wilson County

#### Utilization 2011-2013

	ER Rooms	2011 Presented	2011 Treated	2012 Presented	2012 Treated	2013 Presented	2013 Treated
University Medical Center	19	28,884	28,544	30,149	29,681	28,491	28,160
Summit Medical Center	31	47,981	47,191	52,870	52,862	51,552	50,834

*Joint Annual Reports of Hospitals, 2011, 2012, 2013, Tennessee Department of Health, Division of Policy, Planning, and Assessment*

In the 2013 Joint Report of Hospitals, the applicant reported 50,834 patients were treated at Summit's ED. The per room average utilization using the reported total treated is 1,640.

### 2013 Emergency Room Utilization

Facility	ER Room	2013 Total	Average Per Room
University Medical Center	19	28,160	1,482
Summit Medical Center	31	50,834	1,640

*Joint Annual Reports of Hospitals, 2011, 2012, 2013, Tennessee Department of Health, Division of Policy,*

### 2013 Service Area Acute Care Hospital Licensed and Staffed Bed Occupancy

Facility	Licensed Beds	Staffed Beds	Licensed Occupancy	Staffed Occupancy
University Medical Center	170	170	36.1%	36.1%
Summit Medical Center	188	188	62.8%	62.8%

*Source: Joint Annual Report of Hospitals 2013, Division of Health Statistics, Tennessee Department of Health*

Summit projects 10,132 and 10,639 visits in years one and two at the proposed satellite ED.

### TENNCARE/MEDICARE ACCESS:

The applicant participates in the Medicare and Medicaid programs and has MCO contracts with AmeriGroup, TennCare Select and United Healthcare Community Plan.

Summit projects year one Satellite ED Medicare revenues of \$1,502,139 or 37.3% of gross operating revenues and TennCare revenues of \$3,512,875 or 7.5% of gross operating revenues.

### ECONOMIC FACTORS/FINANCIAL FEASIBILITY:

The Department of Health, Division of Policy, Planning, and Assessment have reviewed the Project Costs Chart, the Historical Data Chart, and the Projected Data Chart to determine if they are mathematically accurate and if the projections are based on the applicant's anticipated level of utilization. The location of these charts may be found in the following specific locations in the Certificate of Need Application or the Supplemental material:

#### Project Costs Chart:

The Projects Costs Chart is located on page 52R of Supplemental 1. The total project cost is \$11,106,634.

#### Historical Data Chart:

The Historical Data Chart is located in Supplemental 2, page 56R. The applicant reported 10,737, 10,598, and 10,552 admissions in 2012, 2013, and 2014, respectively. The applicant reports net operating revenues of \$18,407,253, \$19,712,548, and \$21,013,708 each year, respectively.

#### Projected Data Chart:

In the Projected Data Chart for the Satellite ED is located on page 60R in Supplemental 1. The applicant projects 10,132 visits in year one and 10,639 visits in year two. The total net operating revenues projected are \$35,249 and \$114,801 each year, respectively.

The Projected Data Chart of Summit Medical Center ED is located in Supplemental 1, page 64R. The applicant projects 68,577 and 70,756 visits in 2017 and 2018 with net operating revenues of \$2,368,213 and \$3,105,792 each year respectively.

The applicant's proposed charges for the satellite ED and the combined EDs are located in the following chart.

**Summit Emergency Department Satellite Facility Average Charge Data**

	<b>2017</b>	<b>2018</b>
Visits	10,132	10,639
Average Gross Charge	\$4,635	\$4,670
Average Deduction	\$3,969	3,991
Average Net Operating Revenue	\$666	\$678
Average Net Operating Income	\$3	\$11

**Summit Emergency Department Combined Average Charge Data**

	<b>2017</b>	<b>2018</b>
Visits	68,577	70,756
Average Gross Charge	\$4,647	\$4,670
Average Deduction	\$3,995	\$4,016
Average Net Operating Revenue	\$651	\$653
Average Net Operating Income	\$35	\$44

Summit chose not to expand on their current campus at this time but to increase access and convenience for patients through closer, less drive time access.

**CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTHCARE:**

The applicant provides a listing of existing healthcare providers, managed care organizations, nursing homes, hospices, and other health care entities with which they have contractual agreements with on page 72 of the application.

Summit believes this project will have a positive impact on the service area by have a satellite ED in a location in Wilson County where it will reduce drive times for many of their patients. Summit's ED is heavily utilized and needs more treatment room capacity to meet community needs.

There is only one other hospital facility in Wilson County with an ED, University Medical Center. The applicant estimates the impact on University medical Center will be small, roughly 3.4% or 970 patients

Summit provides the staffing projection for years one and two for the combined main and satellite campuses on page 75 of the application. The total FTEs for the combined facilities will be 122.6, of which the satellites FTEs are 35.5 FTEs.

Summit's educational and clinical agreements are listed on page 77 of the application.

Summit Medical Center is licensed by the Tennessee Department of Health, Board for Licensing Healthcare Facilities and accredited by The Joint Commission.

## SPECIFIC CRITERIA FOR CERTIFICATE OF NEED

The applicant responded to all relevant specific criteria for Certificate of Need as set forth in the document *Tennessee's State Health Plan*.

### CONSTRUCTION, RENOVATION, EXPANSION, AND REPLACEMENT OF HEALTH CARE INSTITUTIONS

1. Any project that includes the addition of beds, services, or medical equipment will be reviewed under the standards for those specific activities.

*Not applicable.*

2. For relocation or replacement of an existing licensed health care institution:

- a. The applicant should provide plans which include costs for both renovation and relocation, demonstrating the strengths and weaknesses of each alternative.

*Not applicable.*

- b. The applicant should demonstrate that there is an acceptable existing or projected future demand for the proposed project.

*Not applicable.*

3. For renovation or expansions of an existing licensed health care institution:

- a. The applicant should demonstrate that there is an acceptable existing demand for the proposed project.

*The applicant states Sections B.II.C and C.1.6 demonstrate that current utilization and conservatively projected demand for ED capacity at the applicant's facility justify the addition of a minimum of 8 treatment rooms in the Summit emergency service primary service area.*

### Utilization 2011-2013

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*Joint Annual Reports of Hospitals, 2011, 2012, 2013, Tennessee Department of Health, Division of Policy,*

*In the 2013 Joint Report of Hospitals, the applicant reported 50,834 patients were treated o at Summit's ED. The per room average utilization using the reported total treated is 1,640.*

- b. The applicant should demonstrate that the existing physical plant's condition warrants major renovation or expansion.

*The applicant states the table and narrative in Section B.II.D demonstrates that ED expansion is needed. Enlarging the existing ED would disrupt workflow sue to construction and the need to remodel the interior of the ED to integrate its workflow into enlarged space. Summit is electing to first expand its capacity at an off-site location to avoid on-campus disruption and expense, while also reducing drive times to care for many patients coming from Wilson County.*